

AMERICAN MEDICAL TIMES

Being a Weekly Series of the New York Journal of Medicine.

No. IX. { NEW SERIES. NEW YORK: SATURDAY, AUGUST 31, 1861. { *Mail Subscribers, \$3 per Ann-*
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BOOKS ON MILITARY SURGERY.

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On Diphtheria. By Edward HEADLAM GREENHOW. 1861. Pp. 160. Price, \$1.25.

Our readers will find a very large amount of information in the twelve chapters of which the volume is made up. Perhaps, in the present state of our knowledge on the subject of this obscurely understood disease, little more can be said beyond what may here be found written down.—*London Medical Times and Gazette.*

We have only been able here to refer to certain of the more prominent facts concerning diphtheria; but we believe we have said enough to recommend this well-written treatise to the attention of the profession.—*British Medical Journal.*

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Bellevue Hospital Medical College.

—ANNOUNCEMENT FOR 1861-2.—The Trustees and Faculty announce, with much pleasure, the organization of this College, with a corps of thirteen Professors, and a full course of lectures during the next autumn and winter.

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N. E. MORSEY, M.D., Professor to Chair of Surgical Anatomy.
SYLVESTER TRATS, M.D., Professor to Chair of Operative Surgery and Surgical Pathology.

PRELIMINARY TERM.

A preliminary term will commence on Wednesday, September 18, 1861, and continue until the beginning of the regular term. In addition to daily instruction in the hospital wards, and clinical lectures, at least three lectures will be given daily on subjects of practical importance, by members of the Faculty, during this term. Among the subjects which will be taken up during the preliminary term are the following:—Organic Affections of the Uterus, by Prof. Taylor; Uterine Displacements, by Professor Barker; Inflammatory Diseases of the Uterus and Appendages, by Prof. Elliot; the Thoracic Viscera, by Prof. Childs; Auscultation and Percussion, by Prof. Flint; Syphilis, by Professor Hamilton; Surgical Affections of the Genito-Urinary Apparatus, by Prof. Wood; Endosmosis and Exosmosis, with their Practical Applications, by Professor Doremus.

The attention of students and practitioners is invited to the variety and practical importance of the subjects which will be treated of during the preliminary term. Although attendance is not required on the part of the student, it is designed to render this term, not a nominal, but an actual extension of the period of instruction.

Dissections may be prosecuted during this term as well as during the whole of the regular term.

REGULAR TERM.

The regular term will commence on Wednesday, October 16, 1861, and end in the early part of March, 1862.

During the regular term the lectures will be so arranged as not to interfere with attendance in the hospital wards. Ample time will be allowed for accompanying the visiting physicians and surgeons in their daily rounds, attending clinical lectures in the hospital amphitheatre, witnessing surgical operations, and autopsical examinations, without conflicting with any of the didactic lectures.

This College, having been established in connexion with the Bellevue Hospital, offers peculiar advantages arising from the fact that the lectures in all the departments of instruction will be given within the hospital grounds. The Professors in all the practical branches being connected with the hospital, either as visiting physicians or surgeons, all the important subjects pertaining to Surgery, Obstetrics, Therapeutics, and the Practice of Medicine can be amply illustrated by cases under observation in the hospital wards, and by autopsical examinations, simultaneously with their consideration in the lecture room; loss of time in going to and from the hospital is saved; the student is always at hand when cases of accident are received, or operations in Surgery and Obstetrics suddenly called for; and there will be no encroachments of didactic and clinical instruction upon each other.

The aim of the Faculty of the College, with the co-operation of the Commissioners of Public Charities and Correction, is to make the immense hospital resources at their disposition, available to the fullest extent for purposes of instruction. In 1860, more than *eleven thousand patients* were received into Bellevue Hospital, and over *four hundred births* took place in this hospital during the year. The large hospital recently erected on Blackwell's Island, will also be open for medical instruction, and students will be conveyed to the Island by the hospital steamer without expense. It may be safely said that the vast field afforded by these Charities for the study of diseases at the bed-side, for witnessing every variety of operations in Surgery, together with the treatment of surgical affections, for the study of morbid anatomy, and the practice of obstetrics, is not surpassed elsewhere in this or any other country.

Ample provisions will be made for pursuing practical anatomy. Anatomical material will be supplied in abundance and with but little expense to the student.

Twenty-two resident Physicians and Surgeons are annually appointed on recommendation of the Medical Board of the Hospital, after an examination by this Board, and receive a salary sufficient for their support.

Fees for all the lectures during the preliminary and regular terms, \$105. Tickets for any of the departments during the regular term may be taken out separately, the fees being proportionate to the number taken.

The fee for all the lectures during the preliminary term is \$10. This sum will be deducted from the fees for the whole course (\$105), if tickets to the latter be taken out.

| | |
|-----------------------------|------|
| Matriculation Fee | \$ 5 |
| Graduation Fee | 80 |
| Demonstrator's Ticket | 5 |

Payment in all cases is required, and the tickets must be taken out at the beginning of the term.

The requisites for graduation are, twenty-one years of age; three years study with a regular and reputable practitioner (or practitioners), inclusive of the time of attendance at lectures; two full courses of lectures, the last in this College; proper testimonials of character; an acceptable thesis, and an examination by seven of the Professors in the several departments of instruction.

This College is endowed with all the powers and privileges belonging to any chartered Medical school in this State.

Circulars will be sent and further information given, on application to Professor Benjamin W. McCreedy, Secretary, No. 7 West Ninth street; or to Professor Isaac E. Taylor, President, No. 18 West Twentieth street.

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Students on arriving in the city are requested to report at once at the office of the College at Bellevue Hospital, situated on the East River, between Twenty-sixth and Twenty-eighth streets.

College of Physicians and Surgeons.

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Corner of Twenty-third Street and Fourth Avenue, New York.

Session of 1861-2.

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ALEXANDER H. STEVENS, M.D., LL.D., Professor Emeritus of Clinical Surgery.
JOHN TORREY, M.D., LL.D., Professor Emeritus of Chemistry and Botany.
JOSEPH MATHER SMITH, M.D., Professor of Materia Medica and Clinical Medicine.
ROBERT WATTS, M.D., Professor of Anatomy.
WILLARD PARKER, M.D., Professor of the Principles and Practice of Surgery and Surgical Anatomy.
CHANDLER E. GILMAN, M.D., Professor of Obstetrics, the Diseases of Women and Children, and Medical Jurisprudence.
ALONZO CLARK, M.D., Professor of Pathology and Practical Medicine.
JOHN C. DALTON, Jr., M.D., Professor of Physiology and Microscopic Anatomy.
SAMUEL ST. JOHN, M.D., Professor of Chemistry.
THOS. M. MARKOE, M.D., Adjunct Professor of Surgery.
HENRY B. SANDS, M.D., Demonstrator of Anatomy.

The Preliminary Term for the Session of 1861-2, will commence on MONDAY, SEPTEMBER 23, and continue four weeks, until the opening of the Regular Term in October.

The Regular Term will commence on MONDAY, OCTOBER 21, and continue until the second Thursday of March, following.

Fees for a Full Course of Lectures, \$105; Matriculation, \$5; Graduation, \$50.

JNO. C. DALTON, JR., M.D., *Secretary of the Faculty*.

Albany Medical College.—The next

annual course of lectures will commence on the first Tuesday in September, and continue *sixteen weeks*. Degrees will be conferred at the close of the Session. Fee for full course, \$65. Graduation fee, \$20.

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Weekly Cliniques are held in the College.

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ALDEN MARCH, M.D., Prof. of Principles and Practice of Surgery.
JAMES MCNAUGHTON, M.D., Prof. of the Theory and Practice of Medicine.

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HOWARD TOWNSEND, M.D., Prof. of Materia Medica and Physiology.

CHARLES H. PORTER, M.D., Prof. of Chemistry and Medical Jurisprudence.

JOHN V. P. QUACKENBUSH, MD., Prof. of Obstetrics and Diseases of Women and Children.

J. V. P. QUACKENBUSH, REG'R.

ALBANY, Aug. 1861.

Geneva Medical College.—The Session

of 1861-62 will begin on Wednesday, the 2d day of October, 1861, and continue sixteen weeks.

Faculty.

JOHN TOWLER, M.D.,
Dean and Registrar.

JAMES HADLEY, M.D.,
Emeritus Prof. of Chemistry and Pharmacy.

JOHN TOWLER, M.D., Professor of Chemistry and Pharmacy.
FREDERICK HYDE, M.D., Professor of Principles and Practice of Surgery.

GEORGE BURR, M.D., Professor of General and Special Anatomy.

CALEB GREEN, M.D., Professor of Physiology and Pathology.

HIRAM N. EASTMAN, M.D., Professor of the Practice of Medicine and Materia Medica.

JOSEPH BEATTIE, M.D., Professor of Obstetrics, Diseases of Women and Children, and Medical Jurisprudence.

LYMAN W. BLISS, M.D., Demonstrator of Anatomy.

Fees, Payable in Advance.—Matriculation, \$3. Tickets for the whole Course, \$50. Graduation, \$20. Demonstrator's Ticket, \$3. Anatomical Material, \$5.

Further information may be obtained by addressing
J. TOWLER, Dean of Faculty, Geneva, N. Y.

University of New York Medical

Department. Session, 1861-2.

The Session for '61-62 will begin on Monday, October 21, and will be continued until the 1st of March.

FACULTY OF MEDICINE.

REV. ISAAC FERRIS, D.D., LL.D., Chancellor of the University.
VALENTINE MOTT, M.D., LL.D., Emeritus Professor of Surgery and Surgical Anatomy, and Ex-President of the Faculty.
MARTYN PAINE, M.D., LL.D., Professor of Materia Medica and Therapeutics.
GUNNING S. BEDFORD, M.D., Professor of Obstetrics, the Diseases of Women and Children, and Clinical Midwifery.
JOHN W. DRAPER, M.D., LL.D., Professor of Chemistry and Physiology, President of the Faculty.
ALFRED C. POST, M.D., Professor of the Principles and Operations of Surgery, with Surgical and Pathological Anatomy.
WILLIAM H. VAN BUREN, M.D., Professor of General and Descriptive Anatomy.
JOHN T. METCALFE, M.D., Professor of the Institutes and Practice of Medicine.
J. W. S. GOULEY, M.D., Demonstrator of Anatomy.
J. H. HINTON, M.D., Professor to the Professor of Surgery.
ALEXANDER B. MOTT, M.D., Professor to the Emeritus Professor of Surgery.

Besides daily Lectures on the foregoing subjects, there will be five Cliniques, weekly, on *Medicine, Surgery, and Obstetrics*.

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St. Vincent's Hospital, the Eye and Ear Infirmary, and the City Dispensaries, are equally open to the students attending the University Medical College.

Medical Department of the University of Michigan.

Lectures commence on the first day of October, and continue for six months, at Ann Arbor, Michigan.

FACULTY.

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ABRAM SAGER, M.D., Professor of Obstetrics and Diseases of Women and Children.
SILAS H. DOUGLASS, M.D., Professor of Chemistry, Pharmacy and Toxicology, and Dean.
MOSES GUNN, M.D., Professor of Surgery.
ALONZO B. PALMER, M.D., Professor of the Theory and Practice of Medicine.
CORDYDON L. FORD, M.D., Professor of Anatomy.
HON. THOMAS M. COOLEY, Professor of Medical Jurisprudence.
SAMUEL G. ARMOR, M.D., Professor of the Institutes of Medicine and Materia Medica.
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For directions and particulars, more in detail, see SPECIAL CIRCULAR.

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STUDENTS' NUMBER OF THE AMERICAN MEDICAL TIMES.

On Saturday, the Twenty-eighth of September, a Students' Number of the "AMERICAN MEDICAL TIMES" will be issued to the profession of the United States.

It will comprise a large amount of information relating to Medical Instruction in the United States, the Medical Colleges, Hospitals, Infirmarys, and Asylums, which will be of interest to the profession at large. It is designed to make this number annually a storehouse of facts exhibiting the position and progress of our Medical Institutions.

This number will afford an unparalleled opportunity to Advertisers. Medical Colleges, Schools, Publishers, Instrument-Makers, Druggists, etc., etc., will, through the medium of this number, be brought to the notice of the profession.

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Advertisements intended for the Students' Number must be received on or before the 25th of September.

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IN THE PRELIMINARY COURSE.
SESSION 1860-61.

By A. JACOBI, M.D.,

PROF. OF INFANTILE PATHOLOGY AND THERAPEUTICS.

LECTURE VI.—PART II.

*Salivation and its Causes—Stomatopharyngitis—Pharyngitis,
chronic and acute—Retro-pharyngeal Abscess.*

BEFORE leaving altogether the subject of the diseases and affections of the mouth, I desire to add a few remarks on salivation, that is, on the secretion of more saliva than is required by the ingested food or by involuntary deglutition. The secretion of the salivary glands has too long been regarded as a mere filtrating process, from the fact that in proportion to other secretions, but few solid elements are contained in it. Thus it was considered as a simple exosmotic process, in which the constitution, velocity, and pressure of the blood, nature of the walls of the blood-vessels and the glands, chemical constitution of the glandular cells, and the influence of the nerves were unknown. Ludwig at last has proven, from experiments on the submaxillary gland, that the influence of the nerves (facial and trigeminus) acts upon the secretion, without any influence of the pressure under which the blood comes into, and flows in, the gland. The same physiologist, and Czernak at the same time, have observed that the secretion is induced by irritation of the sympathetic fibres of the gland itself, and also of the trunk of the sympathetic nerve on the neck; and what is most wonderful, the latter observer has found, that under certain circumstances the irritation of the sympathetic nerves will sometimes stop the secretion brought on by the irritation of the fifth pair.

The secretion of the salivary glands appears to be under the direct influence of the brain. Bernard produced salivation by irritation of the central end of the dissected lingualis. Direct irritation of the central end of the n. glossopharyngeus has the same effect. The looking at an agreeable dish brings on salivation; so does the thinking of food while hungry, according to the experiments of Frerichs, as is also the case with the introduction into the stomach of common salt, or of food. There is superabundant secretion of saliva in ulceration of the stomach, cancer of the stomach, in the premonitory stage of vomiting, in colic from helminthiasis, in certain stages of pregnancy, in hysteria, and in cases of intermittent and typhoid fever, where we are hardly justified to attribute to salivation any importance as a "critical" symptom; in tickling the soft palate, in simple masticating movements of the jaws. Thus you see the possibility of salivation occurring on the introduction into the mouth of irritating substances, in cases of surgical diseases of the mouth, wounds and operations, and of neuralgias in the range of the ramifications of the fifth pair. Thus you perceive, also, that salivation may be produced by the irritation, though slight, of the ramifications of the maxillary nerve, around which the process of the development and protrusion of teeth is going on. At all events we are not justified in supposing that the contiguity of the mucous membrane, and the transmission of the catarrh of the mouth to the glands, are the only causes of any case of salivation. Even mercury and iodine do not appear to act first on the salivary glands. Iodine is seen in the saliva soon after it has been taken; if direct irritation of the gland was the only cause of salivation, why is it that salivation takes place so late on the administration of iodine? Mercury,

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too, is soon detected in the saliva, and nevertheless it takes some time before salivation appears. Moreover, the first secretion of salivation in such cases, shows that the mouth is mostly affected. For Lehmann has found, that the secretion is in the beginning thicker and less transparent, and contains more young and old epithelial cells than normal saliva; it contains much fat, little ptyaline, very rarely rhodan-potassium; and its reaction is alkaline. At a later period there are less solid elements, like the saliva secreted on artificial irritation of the nerve; it is still alkaline, contains much fat and mucous corpuscles, but no rhodan-potassium, and sometimes albumen.

Thus it is evident, that the indirect causes of increased secretion of the salivary glands may be very numerous; so numerous, indeed, that sometimes the etiology is very obscure. Thus Moore, in *Dublin Hosp. Gaz.*, Aug. 15, 1858, reports the case of spontaneous salivation in a boy of four years and a half, in whom he was unable to discover any particular cause, although the anomaly lasted for a whole month. There was no tumefaction of glands, no affection of the tongue, no medicines had been taken. The administration of chlorate of potassa and tincture of catechu proved successful.

Whenever, therefore, salivation is produced in a young child, you have to bear in mind all the possible causes of catarrh of the mouth and salivary glands, or of nervous, either peripheric or central, irritation. If you do, you will have less to say on teething and teeth, but will be more of a thinking, physiological physician.

I have noticed already that affections of the mucous membranes in general are very common in early age. One of the most easily affected is that of the pharynx. Catarrh and inflammation of the pharynx, pharyngitis, are said to occur more frequently in adults than in children; and if such was the case, this would be a fact directly in contradiction to any assumption of the prominent influence of teething in this affection. But in late years we have had more opportunity to observe pharyngitis in children than adults, this result being brought about by a number of epidemic diseases principally affecting children, and by the frequent occurrence of stomatitis. The inflammation of the mouth is undoubtedly one of the principal causes of pharyngitis, so much so that a large per centage shows both stomatitis and pharyngitis in the very same individual. Stomatopharyngitis, therefore, is a term not unfrequently met with in literature.

I do not speak here of the chronic intumescence of the pharynx and particularly the tonsils, which is either the result of repeated acute inflammations, or is congenital. It is usually found in fair, pale, "scrofulous," and weakly children, but sometimes in robust ones also, in whom the lymphatic glands generally have a tendency to become enlarged. Their deglutition is but little interfered with, but the respiratory function, formation of voice, and development of thorax suffer much. Such children will snore in their sleep, breathe heavily, lose their breath with every effort, show a bloated and puffed appearance of the face, slightly moving nares, a pale or sometimes bluish complexion, and, on inspection, the mucous membrane of their throat appears thickened, and the tonsils greatly enlarged. The use of styptic gargles and the application of local cauteries, is here of little or no use. In a number of cases absorbents will do better, and especially mineral waters containing iodine; but more is effected than by anything else—and surely in a large number of cases, it is the only reliable remedy—by the removal of part or the whole of the tonsils, by means of a simple bougie and Museaux's hook forceps, or by Fahnestock's pharyngotome, or, as it has been called by a barbarous mixture of Latin and Greek, tonsillotome.

Acute pharyngitis has among its prominent symptoms, redness and swelling of the mucous membrane, enlargement of the tonsils, and generally, also, the uvula, which, by being elongated, and playing about the mucous membrane of the posterior and lateral walls of the pharynx, will

keep up a constant irritation and give rise to a constant, obstinate, short cough, especially immediately after the child retires. Respiration is always, even in moderate cases, interfered with, and is sometimes very troublesome indeed; deglutition is very painful, and more so with liquid than solid food; hearing is sometimes injured by the consecutive affection of the mucous membrane of the Eustachian tube. Fever is more or less severe according to the severity of the cases; sometimes the circulatory and nervous system are so much affected that severe convulsions will set in. Dyspnoea will be visible on the child's face; the cheeks will be bloated, either livid or pale, eyes injected, tonsils, and sometimes other glands enlarged, and the mucous membrane of the pharynx and tonsils highly injected, of livid velvet-like appearance, and considerably swelled. Sometimes the injection is not at all general, but will appear in spots, exhibiting, as it were, a merely local, or a number of local inflammations. The inflammatory spots will particularly appear around the mucous follicles, which then show themselves as hard, prominent, whitish accumulations. Thus, there is a great variety of cases, while those who have a hereditary predisposition are most affected, and most exposed to relapses; and such cases as are of a phlegmonous character, being more severe, and less liable to suppuration, than those being merely superficial and erythematous. As a general rule, the prognosis is a very good one, absorption of the inflammatory swelling taking place after a number of days or weeks. Suppuration will sometimes occur, and the tonsillar abscess break after a number of serious symptoms, depending on aggravated deglutition and respiration, or chronic induration will take place, such as I have alluded to before; or the swelling of the mucous membrane, and effusion into the submucous tissue taking place to a considerable extent, oedema of the adjoining parts, thus, for instance, of the glottis, may ensue, and give rise to highly dangerous symptoms. This, however, is a very rare result of pharyngitis, scarcely any more frequent than gangrene or any of those frightful accidents, so much dreaded.

I have stated that pharyngitis is frequently complicated with, and in fact is even dependent on, the existence of stomatitis. I do not believe that after the preceding remarks you will be impressed with the influence of dentition, in producing severe affections of the mucous membrane of the mouth. Still less have we reason to attribute pharyngeal symptoms to any great extent to the protrusion of teeth. Nor is there any necessity of falling back on unknown, or hypothetical, or improbable causes, where there are many manifest ones. Acute pharyngitis is frequently noticed in the heat of the summer, complicated with troubles of the digestive organs, loss of appetite, furred tongue, headache; it is easily brought on by a sudden change of temperature, general, or local, and individual, or by the direct influence of cold temperature on the mucous membrane of the pharynx. This occurs particularly in such children as are used to breathe with their mouths open; here you have one of the reasons why it is so necessary to accustom children to have their mouth shut, and breathe through the normal passages. Other cases of pharyngitis are brought about by direct lesions, by means of hot food and beverages, stimulants, and sharp-pointed bodies being brought in contact with the mucous membranes. Others are observed during the course of diseases of the tongue, bronchia, and lungs, apparently from the mere contiguity of the mucous membrane. Another number, and not a small one, is produced by the influence of epidemic diseases. Particularly the eruptive fevers have a tendency to be localized on the mucous membrane of the pharynx, thus morbilli and variola, but more than any others, scarlatina and diphtheria. During the last few years, the influence of these two, especially of diphtheria, has been exceedingly great in this city, and a large part of the country, so much so that the greater per centage of diseases occurring in children were either directly seated in the pharynx, or complicated with a pharyngeal affection. I have been accustomed to inspect every child's

pharynx when brought in for any sickness, not that every pharyngeal complication must necessarily be a very serious disturbance, but because I want to know the full range and extent of a disease, and, gentlemen, because a number of doubtful cases will be found to be nothing else but an inflammatory or exudative pharyngeal affection, in such times. The large number of pharyngeal affections occurring in this city for the last few years certainly depended on the prevalence of scarlatina and diphtheria, especially the latter; pharyngitis either following for a long time, or followed by, diphtheritic exudation. So frequent have these cases been, that it has been possible to form whole classes of cases under the heads of diphtheritic pharyngitis (without any exudation being present), and diphtheritic fever.

What I, therefore, lay particular stress on, is this—that a large number of cases of pharyngitis occur in early age, that their causes are both various and frequent, that the pharynx is particularly exposed to injuries, and that a large number are brought on by the direct influences of epidemic diseases. I may add that the protrusion of the teeth ought not to be referred to as a cause of pharyngitis, as epidemic diseases are more found after the first and second year than before. And I finally desire you to remember this caution, viz. to examine the pharynx of a child at least in every case in which the diagnosis is doubtful. By doing so you will not only reduce the number of uncertain diagnoses, but you will reduce the number of cases of "difficult dentition" considerably. You will often find pharyngitis, with or without stomatitis, to be the simple and easily removed cause of many serious troubles attributed to dentition.

There is no more connexion between the mode of treatment of pharyngitis and dentition, than there was between the nature and etiology of both; local and intestinal derivants, diaphoretics, purgatives, and emetics have been recommended. Gargles have been resorted to in advanced children; mustard-plasters and cold water, according to hydropathic principles, have been applied. Have they anything to do with dentition, or is the protrusion of a tooth rendered easier by these, any more so than by the incision of a tonsillar abscess? I think not, nor do you; what I think is, that dentition as a means of producing pharyngitis, except in those few cases in which stomatitis and consecutive pharyngitis may be the result of an abnormal protrusion of an abnormal tooth, through an abnormal gum, in abnormally irritable children, is a very unimportant and uncommon factor. As to treatment, I should again urge the administration of chlorate of potassa, or soda, both internally and locally. I have not seen better results from any other medicine in any case which was not past the possibility of absorption.

One of the forms, or sequelae, of common pharyngitis is retro- or latero-pharyngeal abscess. Pain is rather severe, and exudation considerable. A semi-spherical, livid, brilliant tumor is seen, or felt, on the posterior wall of the pharynx (or laterally). Respiration and deglutition are difficult; there is cough, thickness or hoarseness of the voice. Emaciation takes place from want of nutrition; fever is very high, to such a degree sometimes that convulsions ensue, brought on besides by the swelling of the tissues of the neck and compression of the veins. It generally comes on pretty slowly, and by this fact may sometimes be distinguished from acute amygdalitis or stenotic diseases of the larynx. Its termination depends on the change taking place in the abscess; if the pus is removed, respiration and deglutition are restored, and the danger of suffocation removed, and all the severe symptoms disappear. This will occur spontaneously sometimes, but in a majority of cases incision is necessary. I have observed a child of about seventeen months of age, who had to perish from suffocation, as the parents were opposed to a simple incision into the latero-pharyngeal abscess, though easily accessible. There is, therefore, urgent danger of suffocation, from the mere size of the abscess and

the swelling of the surrounding tissue, especially the velum palati and posterior nares; there are other dangers from the transmission of the process to the larynx, and thereby increasing the chances of suffocation or creating those of tedious and grave consecutive diseases; or to the Eustachian tube, thereby giving rise to either impaired hearing or perpetual deafness. The danger from deglutition is not so great, at all events food can be missed longer than air, and moreover there are other ways of introducing food into the system, besides the mouth and stomach, in cases of necessity. The chances of consecutive diseases, too, impairing the process of deglutition, are not very great, although a simple catarrhal swelling of the pharynx, or œsophagus, will fully suffice to give rise to a constant dysphagia.

Retro-pharyngeal abscesses are seated in the cellular tissue connecting the pharynx and vertebral column. They may well be classified under three heads. Some are developed idiopathically, from an inflammation of the mouth and pharynx, and the surrounding tissues, the inflammation originating from either a simple catarrhal affection or a metastatic process, influenced by an acute exanthem, typhoid fever, or pyæmia. The majority of the cases of this form occur before, or at the time of the first dentition; this period of life showing generally the greatest tendency to catarrhal affections. This simple physiological fact has evidently been the reason why retro-pharyngeal abscess has been thought to depend on, and to be caused by, the protrusion of teeth. The prognosis in cases of this class is generally favorable, unless the incision of the abscess is neglected; with the only exception of metastatic abscesses, which are but symptoms of a more or less grave affection of the whole system. Therefore, in these latter cases, every hope of a lasting cure depends on the possibility or probability of a cure of the original morbid process. Idiopathic abscesses generally, when in their first stage, require a rational antiphlogistic local treatment; application of cold, both externally or internally, the latter by slowly swallowing ice, or gargling with ice-water, with or without alum; local application of nitrate of silver, or alum; scarifications of the pharynx; leeches. When the other stages of the inflammatory process cannot be repelled, warm poultices appear to be preferable, except in instances of imminent danger from symptoms of cerebral congestion; in these cases warm emollient gargles do better. Internal treatment is unavailing, except for the purpose of diminishing the fever, or other dangerous symptoms; tartar emetic has been frequently recommended, but also rejected. Where the symptoms are very grave, and suffocation imminent, the safest and quickest remedy is incision of the abscess, and the washing out afterwards of the abscess, by gargling or syringing. Metastatic abscesses require incision, only to remove the utmost danger from suffocation, as the principal attention has to be paid to the general process. After the incision has been made, water is not sufficient for the wound to heal, but stimulants and astringents, chloruretum calcarie, alumen, nitras argenti, acidum tannicum, are required, and an internal treatment has to be resorted to, according to the general affection; bark and mineral acids will often prove necessary.

The second class of retro-pharyngeal abscesses are secondary, being produced by the suppuration of inflamed lymphatic glands, and the surrounding tissues. They are rarely found in early infancy, viz. at or before the time of the first dentition, but at a later period, which is more favorable to scrofulous and inflammatory swellings of the lymphatic glands. It is not our fault that the second dentition may fall within the range of this period. The prognosis in these cases is not very unfavorable, although it depends on the gravity of the original suppuration, and the amount of general morbid affection. The local treatment is much like that recommended in idiopathic cases, with this exception, that the original glandular abscess requires particular attention. Incisions from outside will frequently suffice to remove all the pus formed, and to relieve the consecutive pharyngeal and laryngeal injection. The gra-

vity of the general dyscrasic affection, which gave rise to the primary suppuration, requires great care; iodide of potassium, iodide of iron, cod liver oil, air, exercise, attention to the skin, and generous diet, being strongly indicated.

A third class of retro-pharyngeal abscesses owe their origin to the suppuration of cervical vertebræ, or their ligaments. They are seldom found before the age in which secondary abscesses have been observed, caries of the cervical vertebræ and well-developed tubercular disease generally being more common in later life. Their prognosis is very unfavorable. Incisions, which ought to be made as late as possible, are only of momentary use, they being unavailing in relation to the primary affection. As in all such diseases as resist treatment (all being nearly hopeless), a large amount of remedial agents, dietetic and pharmaceutical, have been recommended; you may consider it to be a general rule that the number of remedies (infallible remedies) recommended, increases in proportion to the hopelessness of a disease or a given case. Quiet, posture, cold, leeches, mercury, and wine, both externally and internally; calomel, nitrate of potassa, tartar emetic, iodide of potassium, and iron, have been recommended, according to indications. They have been used and abused in many cases. These will generally terminate fatally; either slowly, by hectic fever and exhaustion, or very suddenly indeed. I have seen a young man die suddenly while turning his head on the pillow. Making the post-mortem examination I found the ligaments of the vertebral column, in its upper part, mostly destroyed; a few remnants had been torn by the last move of the patient, and the process of the axis entered the foramen magnum, destroying the tissue of the medulla oblongata.

Original Communications.

PAPERS ON

MINERAL WATERS AND THEIR USES.

EMBODYING THE TWO DISCOURSES PRONOUNCED BEFORE
THE NEW YORK COUNTY MEDICAL SOCIETY.

By HANBURY SMITH, M.D.,

OF NEW YORK.

No. IV.

INDICATIONS FOR THEIR EMPLOYMENT.

To remove the *syphilitic diathesis*, mineral waters are powerless; but when anti-syphilitic medication has been pushed to extremes, its pathogenetic effect is seen in the development of that well known cachectic condition, of which impoverishment of the blood is the characteristic, and of which the arrest is imperative. The value of treatment by mineral waters in such cases is notorious: it is known to be often the *dernier resort*. The simple hygienic influence of a season at the springs is beneficial, and intensifies the effects of some waters; but it is their internal employment on which alone we are to rely in these cases. The thermal sulphurous, and sulphurous-alkaline, and the stronger cold chalybeate common-salt, are the kinds indicated; the two former, especially, where mercurial poisoning is most evident or suspected, the latter where the anæmic condition calls for a speedy invigoration of the system. All three kinds are remarkable for their power of "throwing out" the cutaneous eruptions pathognomonic of syphilis; thus removing any existing doubts on the subject. The obstinacy of syphilis occurring in the scrofulous is notorious; the use of waters like those of Nauheim or Adelsheidsquelle, by correcting the scrofulous diathesis, leaves the syphilitic simple and more easy of cure. A subsequent simultaneous use of mercury may be put in force with all the more confidence, as its poisonous effects are not likely to be reproduced while the appropriate mineral water is taken at the

same time. The same rules of treatment are eminently applicable in the hereditary constitutional syphilis of infants.

In few constitutional affections have we more positive evidence of the medicinal efficacy of mineral waters taken internally, than in the *scrofulous diathesis*. They not only exert a modifying influence on the constitution itself, but also on the local lesions. It is especially the common salt waters which are indicated; though where the skin is the main seat of the disordered action, the sulphurous may be employed, preferably however the sulphurous-common-salt; but after any use of sulphur waters a course of chalybeates should follow. Dr. Sée,* of the Hôpital des Enfants, at Paris, has declared that, "the bottled waters of Nauheim preserve nearly all their efficacy in scrofula, especially in enlargements of the cervical glands, of which they speedily cause the entire resolution." I quote this observation for two reasons: in the first place, such evidence establishes beyond a doubt the value of the waters taken internally as medicines—for one cannot reasonably ascribe any good effect to the imagination of infants or very young children, or to the hygienic influences of French hospital air, or to the aid of baths of the same water, for they were not employed; in the second, it supports the opinion now becoming prevalent, that iodine is not the specific for scrofula it was once thought to be, and that mineral waters rich in chlorides, especially if alkaline and chalybeate at the same time, are superior to all the compounds of iodine or bromine. Thus, there is no iodine in the waters of Nauheim, and only a trace of bromine; but there are 60 grs. of common salt, 3 of chloride of calcium, 12 of bi-carbonate of lime, $\frac{4}{16}$ of proto-carbonate of iron, and $\frac{12}{16}$ of proto-carbonate of manganese, in the pint. This is a fair specimen of the kind of water most suited to all forms of scrofulous disease—a model or normal formula. The Rakoczy of Kissingen is another excellent one, from the use of which I have derived the most satisfactory results. It is more laxative than the Nauheim, containing a notable amount of magnesian salts. The Elisenquelle of Kreuznach has also a very great and deserved reputation for its power of relieving even the most obstinate forms of scrophulosis, whether in the torpid, the glandular, or the cutaneous form, scrofulous caries, leucorrhœa, etc.

To the surgeon the employment of these medicinal agents affords a resource without the aid of which all his efforts will in a large range of local ailments prove abortive; let but the diathesis be favorably modified by their use, and the same disorders will readily yield to the influence of treatment they had previously long resisted. I have indeed seen many cases of ophthalmias recover without any local treatment whatever, after a four or six weeks' course of the Rakoczy, though they had previously been under the judicious treatment of surgeons of reputation, in some instances upwards of a year, without making a step towards recovery. The explanation seems very simple; the bricks could not be made without the straw—the breaches of surface repaired without the right material to do it with—the ulcers healed without a blood affording the plastic elements necessary to cicatrization. The rapid healing of the foul sores sometimes accompanying the cachexia already treated of, which is supposed to be a compound product of syphilization and hydrargyrosis, under the appropriate balneologic treatment, may be referred to as an illustrative parallel. In the treatment of all local ailments occurring in a scrofulous constitution, such as diseases of the skin and mucous membranes, and ophthalmias, glandular enlargements, and even in caries, necrosis, and Pott's disease, mineral waters, better than any other known treatment, will be found to develop vital energy with improved nutrition, while they allay morbid irritability.

The following two cases illustrative of the effects of the Heilbrunn water I extract from Dr. Sutro's work on the German mineral waters:

M. Fellerer, from the Hospital for Incurables, states that

J. M.—, thirty-eight years of age, had been affected from his childhood with various glandular swellings. Subsequently scrofulous ulcers appeared on the right foot, and were complicated with caries; his illness was aggravated by an increasing enlargement of the thyroid gland, so that at his reception his struma was enormous, weighing about four pounds, and impeding respiration and speech more and more. After an ineffectual treatment by pharmaceutical remedies, Adelheidsquelle (Heilbrunn) was ordered. Persevering employment of this remedy for six months effected a complete cure of the goitre, and the patient would have been discharged but for the presence of the carious ulcers.

A child of ten weeks, emaciated and wrinkled in appearance, vomited after it had been fed, and had besides twenty to thirty alvine evacuations daily; the tongue was covered with mucus and small ulcers; the pulse almost imperceptible and extremely frequent; the temperature of the abdomen and forehead heightened; and the extremities cold. The first child had died at the age of twelve weeks, from consumption, and the mother was desolate at the probable loss of this her second child. Dr. Wetzler recommended her to give it some broth five or six times a day, and almond milk to drink, and he sent her a bottle of Adelheidsquelle, with the direction to give the child two teaspoonfuls three times a day. After a fortnight half the bottle was used, and the recovery so advanced that further medical treatment was dispensed with.

Of disorders of the nervous system I pass but lightly over paralysis, the more serious forms of which are treated with great success at Wildbad, Gastein, Franzensbad, &c., because the internal use of the waters of these sources plays but a very unimportant part, or is wholly neglected. Not so with the less grave cases, whether deutero-pathic or only sympathetic, which are much benefited by mild solvent chalybeates such as Franzensbad, in which sulphate, muriate, and carbonate of soda so modify and control the agency of the iron, as to make it always safe to experiment with. The stronger chalybeates may follow, with the best effects.

The neuralgias afford a wide field of doubt, difficulty, experiment, and success, for mineral waters are rarely used in such cases until ordinary therapeutic measures have failed. The doubt and difficulty concern the pathological relations of the pain; experiment may enlighten us, and then success may be expected to follow rational treatment. Thus it is by no means uncommon for a hemorrhoidal, gouty, or rheumatic attack to supervene, when the patient is submitted to a course of hydro-mineral treatment; the neuralgia disappears; it remains to combat the primary disorder, which is commonly best done by a persistence in the use of the same water which unmasked the latent evil. In the absence of other guides, it will be always well to study the diathesis; bearing in mind what I have already advanced touching the special value of these agents in the diathetic affections. Thus where the scrofulous diathesis is marked, the strong chalybeate common-salt waters, if the blood-making process seems most at fault—the thermal sulphurous, if the skin be in unhealthy condition, would be indicated; the use of the latter to be followed up by that of strong chalybeates. For the cure of true *tie douloureux* of the fifth pair of nerves, the waters of Carlsbad have long maintained a deserved celebrity. Migraine, or periodic sick headache, I have hardly ever failed to cure with common-salt chalybeates, such as Kissingen or Homburg, more rarely requiring Carlsbad. The migraine of exhaustion, whether caused by excessive heat or want of rest, may be arrested at once by the pure chalybeates, a single glass of Pyrmont often sufficing. In solar exhaustion its restorative effects are striking, nor is it less valuable as a prophylactic. The large class of painful affections to which belong congestive headache, gastralgia, enteralgia, lumbago, sciatica, many of the phenomena attributed to so-called spinal irritation, colics, etc., being often certainly and always suspiciously connected with a peculiar condition,

* Armand Rotureau.

which I shall call the *hemorrhoidal diathesis*, I reserve for future mention. In neuralgic affections traceable to paludal, mercurial, or lead poisoning, no remedies approach in curative power the thermal waters, such as Carlsbad, or in some cases Kissingen, and its congeners. In that compound diathesis, in which the excessive use of quinine has engrafted chronic cinchonism on a constitution still under the influence of the malarial poison, and a train of nervous affections "drags its slow length along," Carlsbad, followed, after a short interval, by strong chalybeates, will prove entirely satisfactory.

The following outline case is doubly illustrative:—Judge K—, after exposure to wet and fatigue, during the great fire at San Francisco, was attacked with a most severe neuralgia in the head, which he could never very satisfactorily localize or describe. During the paroxysms, which came on most acutely in the evening, he always lay prone on his face, with clasped hands pressing on the vertex. For three years all treatment had failed of giving relief; the suffering compelled the free use of opium; and whether from the influence of the drug, of the disease, or of both combined, his mind was evidently failing. A four weeks course of Carlsbad gave him entire relief, physically and mentally; the more perfectly, as this water possesses so remarkable a power to remove the bad effects of a long-continued, gradually increasing use of opium. Another phenomenon accompanied the cure of Judge K—, not without interest, though neither exceptional nor uncommon. A false anchylosis had for fourteen years kept bent at a right angle, the second joint of the right little finger, injured in youth. On the tenth day of treatment he observed that the joint was becoming mobile; on the fourteenth it was perfectly so. The solvent power of which this is a striking instance, renders it necessary to be careful in prescribing Carlsbad; for if too long continued, even the callus uniting the ends of fractured bones is occasionally so softened as to call for a re-application of splints.

PRACTICAL REMARKS ON MINOR MIDWIFERY

By EZRA M. HUNT, M.D.

OF NEW JERSEY.

(Concluded from page 104.)

VII.—USE OF RELAXANTS.

We not unfrequently meet with cases in obstetric practice, in which the os seems indisposed to yield before the influence of pains, and although these are frequent, persistent, and severe, little or no progress is made. In such cases, the value of relaxants often comes up as a question to the mind, and it is important to be able to make judicious choice between them. Venesection, tartar emetic, and morphine, stand most prominent in this list. As to blood-letting in tedious labors, not complicated with congestive convulsions or any other anomaly, we believe it very rarely indicated. We cannot predicate what may be the unavoidable loss of blood by the uterine vessels before the labor is completed, and accidental cases sometimes show us what a serious thing prostration, from loss of blood, proves after labor.

Tartarized antimony is not so objectionable, while it very often effectually accomplishes the object desired. It is a depressant which we can more easily accommodate to circumstances, and upon which we can more certainly reckon than many others; and although still more direct sedatives such as veratrum, aconite, etc., are fashionable, we confess we have not yet discovered the vast superiority over the old tartar. But in this class of cases we regard morphine as more generally applicable than either of the others. Not only as relaxing the rigid os, but as suspending temporarily ill-directed pain which sometimes seems to irritate and exhaust the uterus rather than facilitate progress; it prepares it to resume its power with more efficient aim. The following case illustrates its action:

Mrs. M—, a small, narrow-built woman, the wife of an

unusually large man, was taken in labor with her first child. After twenty-four hours of pain, most of the time quite severe, no adequate progress was made. The os was but imperfectly dilated, the diameters of the pelvis indicated at least great tediousness, and the woman was much exhausted. There was some fever of an irritative character, and partial rigidity. I gave her a dose of morphine, and came home to rest. It lulled the pain somewhat, but as soon as its full effect was felt the womb readily dilated, and labor was accomplished before I could return. My placebo and medical nap-promoter had expedited labor, as nothing else could. While it relaxes and temporarily suspends pain, it does not depress as much as do other sedatives, and is highly available in the few cases in which some such design is implicated.

VIII.—PROLAPSE OF THE CORD.

In cases of prolapsed cord, have we any other resource in order to save the child than to endeavor to keep up the cord until the head has become so engaged as not to permit its passage? The old method of pushing and hooking it up was a fine theory, but any one who has tried the provoking experiment is more concerned to know how it may be made to stay there. The plan suggested by Dr. Thomas of placing the woman in such posture upon the knees, and inclined forward so as by the force of gravity to keep the cord up, is a good one, where it can be made available; but some women will not submit to be kept in this position for a sufficient length of time to accomplish the object, and besides, any change of posture, made momentarily necessary by circumstances, is very apt to reproduce the trouble. The following case illustrates a plan which may be available where there are the same attendant circumstances. A lady who had recently removed hither, had had very serious trouble in former labors from a contraction of the superior strait, so that, as she expressed it, in the first bearing down pains the child seemed determined to come through above the bones. There was a full inferior strait, but in the early pains the cord made its appearance externally as soon as there was a passage for it through the "os uteri." Persistent attempts at reduction by both the above methods were unavailing, and my only hope was, after full dilatation of the womb, so to time the use of ergot as to hasten delivery after the superior strait was fully reached by the long diameter of the child's head. Although its contractions are continuous instead of intermittent, yet the continuous pressure of the one, if that is rapid in its relief, is no more hazardous than the tardy action of the other; for so far as the cord is concerned, the natural pains, just as much as the ergot, inflict an unremitted pressure on the cord, in slow cases, during the last few minutes of labor, and thus secure fatality to the child. In this case, the ergot acting rapidly hastened delivery, so that the child, though somewhat asphyxiated, escaped unharmed. The plan is seldom applicable, but not inexpedient where there is a full pelvis and where other methods have failed.

IX.—TYING THE CORD.

The tying of the cord, though in theory a very simple matter, is one in which mistakes are sometimes made. A case occurred to me a few years since, in which an unskilful person tied it with a silken string several times directly at the umbilicus, and the result was peritonitis and the death of the child. Such an error could only occur in the hands of an ignoramus.

The time of tying the cord is to be governed entirely by the condition of the child. It is a matter about which there is no haste, unless the condition of the patient in other respects requires immediate attention; and even then, may be left until afterwards. If the child is actively breathing, circulation through it will cease of itself; if not, it needs to be kept up by leaving the cord intact, except in those few exceptional cases where it is advisable to cut it without tying, in order to abstract a slight quantity of blood. In a very large cord, where it has been tied very

soon, I have once or twice seen after difficulty. A case will illustrate. I was called some time since to see a lady in confinement with her third child, on account of fright merely, and a want of confidence in a young physician who was managing the case well. The child when born was, I noticed, attached to the placenta by a very large cord, and there being no asphyxia whatever, the cord was immediately tied and cut by the attending physician. He seemed to draw the ligature tightly, and requested me to attend to the delivery of the placenta. Stepping into the other room, and hearing no noise from the child, I inadvertently stepped up to look at it, and found it pale and beautiful as wax, but its lower blanket saturated with blood, and it was only by the persistent attention and stimulation of hours that it was kept in existence. He had drawn the ligature, I am sure, with usual tightness, but the umbilical vessels were quite incompressible, and hence had not drawn it tightly enough. If you will accustom yourself to feel the beating of the cord after delivery, you will notice great differences in this respect. A case recently of my own, in which I noticed an unusual degree of tenseness which led me to draw the string quite tightly, I afterwards found beginning to bleed in just the same way. Any such risk I am now in the habit of avoiding very easily and satisfactorily, by compressing the cord between the thumb and finger for a moment before tying it—thus interrupting the circulation. This, if the child is active, will make more perfect the change from foetal to respiratory circulation; if not, will indicate to us whether it is proper as yet to sever the connexion and prevent such an accident as the one noticed. The cord is thus tied with greater ease, the spirting of blood upon the bed clothes prevented, and the risk of further hemorrhage dispelled. Another plan is to tie but one knot in the ligature, then cut the cord, draw the string more tightly, and make the second tie.

X.—MANAGEMENT OF THE PLACENTA.

The management of the placenta forms an important matter in the safe conduct of labor, and quite various is the instruction given with regard to it. Denman calls it a natural labor, only when the placenta is expelled without any interference; others make it quite a common practice to take away the placenta without delay; and between those two extremes, you find practitioners of every shade of practice and belief. On the one hand, it is represented to be bold and meddlesome midwifery to introduce the hand within the uterine walls; while others say, that the man of sense who uses his hand as the index of a judicious mind, seldom does harm in the cavity. One great error, as it seems to us, in respect to this placenta business, as well as in many other obstetrical points, is to regulate every thing by measurement of time. One may be in natural labor two days, and another require interference in less than three hours, and so, as to the placenta we have our specified time tables, and they vary, according to the best authorities, from a few minutes to a few hours. Now all these equations of time are merely circumstantial, and not essential and exact. It is true as a general remark on the one hand, that a bad rapid extraction may too suddenly rupture the uterus, or encourage too much interference, and also that a delay of an hour or so renders the uterus susceptible to hæmorrhage; but after all the true test is the state of the uterus itself, and the degree of its contraction. Whenever the womb is well contracted, be it ten minutes or five hours after delivery, then is the time the placenta should be forthcoming.

The placenta is a non-contractile surface spread out on a contractile one, whether we regard its connexion as direct or by endosmosis; and whenever the uterus contracts, and not till then, separation takes place. If it does not then soon appear, or at least is not easily accessible, it is either held fast by adhesions or is held loose in the uterus or vagina, in no way doing any good service. If there is uterine pain, this is often sufficient to expel it; and if not, still there is some contraction, sensible interference pro-

notes it, and aids the very object desired. We believe the following to be the right practice:—Within a very short time after delivery, the hand of the physician should replace that of his assistant externally, in order that he may appreciate the precise condition of the womb, and if this is feeble in contraction, a little judicious pressure and irritation will probably facilitate it. Then with the hand of the assistant holding gently but not forcibly the uterine tumor, take hold of the cord firmly with a dry cloth, and making it tense without pulling, with the other feel the edge of the placenta. If there is some pain with a slight cough or blowing through the closed hand on the part of the patient, tighten the cord, at the same time, getting hold of the edge of the placenta between the fingers by a wavy motion from one hand to the other, endeavor gently to remove it. There will seldom be a failure, the contraction of the womb, and not time, being the chief director as to the moment when it is to be done. My early teachings were to trust entirely to nature, and let the placenta alone at least for two or three hours. Pursuing this course, while all beforehand passed along pleasantly, I found myself often much embarrassed, and needing to call for aid in delivery of the placenta. In each case the idea of adherent placenta was suggested, but examination satisfied me of no such thing. In most of these cases the placenta lies loosely in utero or in the vagina, and often will be a long while getting away if not removed. The position is one not favorable to complete expulsion, for there is not, as in the case of the child, a cone with its apex in the rear, and a lengthened body in which pressure upon the back part is of necessity without diminution propelled to the front. With the contraction of the womb first secured, a matter easily determined, there is but little risk in a removal of the placenta, and where there is hæmorrhage, and only partial contraction after cold, and other means fail, the removal of the after-birth will often afford relief. Where the placenta is delayed, even though at last delivered, there is more hæmorrhage, more after pains from retained clots, more persistent and debilitating lochial discharge, and recovery more tardy. Introduction of two or three fingers or of the hand, even into a contracting cavity, just emptied of several pounds of bulk, and through an os which has just passed a head, is quite a different matter from their introduction when the child is there, and the cervix is but partially dilated. He who pursues the course indicated, recognising at the same time the preference of an introduction of the hand to a long retention of the placenta, will find but partial interference necessary, and often none at all, and will have less to do with hour-glass contractions, than half-hour waiting accoucheurs.

XI.—REVIVING CHILDREN WHEN RESPIRATION IS ABSENT OR INCOMPLETE.

There are two different indications to be aimed at, either to keep the foetal circulation as long as possible, or to cause respiratory action. If reliance is to be placed upon the foetal organs, the chief indication is to be derived from the beat of the umbilical artery. I once saw an old practitioner, after a child had been born comatose, placenta and all, at once thrust the whole in warm water, with the idea that the placenta had power to sustain life even after its separation. It readily suggests the question, whether or not there is any power of this kind, for we sometimes, even in cases of living children, have reason to believe that there must have been partial or complete separation before birth, and a case reported by Dr. Baldwin to the *Boston Surgical Journal*, as well as some anomalies noticed in the beat of the artery, seem to point to the same inquiry. Whether it is possible by thus removing the placenta to restart its action, is very questionable. The other point is worthy of more careful thought. Our main reliance, however, in these classes of cases must be to overcome asphyxia by the same general laws as are applicable in other cases; and the plan suggested by Marshall Hall, and still more the Silvester method, as detailed in one of the recent numbers of Braith-

waite, is especially applicable. Where the face is congested, the bleeding from the cord sometimes avails, and even cold dashed over the chest, and a smart slap, may cause an inspiration. These cases are often given up too soon. A friend of mine once revived a child who had by the friends been deposited in a utensil for removal; and not unfrequently the flow of life is not so completely stopped in these little ones, but that faithful effort will restore it. I have thus ventured to dwell upon some of these main points as either underrated, or not noticed by many authors, and if in so doing I have added or drawn attention to any point deserving of more careful consideration, each one's guarded experience will prove the proper test of its importance.

SPONTANEOUS ROTATION OF THE FŒTAL HEAD DURING LABOR,

FROM THE OCCIPITO-POSTERIOR POSITIONS TO THE ANTERIOR.

By JOSEPH MARTIN, M.D.,

OF NEW YORK.

THE frequent rotation of the foetal head, from the posterior to the anterior positions, was first discovered by Dr. Solagne, one hundred years ago. Baudelocque, some ten years after, mentioned the fact; and, in relation to the proper practice in such cases, says, in his work on Midwifery:—"The example of the spontaneous reduction of the posterior positions indicates what we ought to do in order to save the woman from the difficulties of this species of labor." And adds—"by attempting it early the accoucheur may always determine the head to take that favorable position."

Naëgelé, in his treatise on the "Mechanism of Labor," without mentioning Baudelocque, demonstrates the frequency of the spontaneous rotation forward, of the foetal head in labors with the posterior occipital positions; but, with his usual prejudice against the employment of artificial aid in the practice of midwifery, he repudiates all interference, if nature does not effect the change.

Professor Simpson, in the *Northern Journal of Medicine*, for April, 1846, shows, by statistics, that—"In twenty-nine out of thirty labors, with the head in the occipito-posterior position, the forehead rotates round and emerges posteriorly." And he says—"Where instrumental aid becomes necessary, we should make the forehead rotate backward, and the occiput forward, according to those rules we have seen nature follow. For the more perfectly we imitate the principles of nature, the more perfect will our practice be." He then quotes Smellie, to show that he discovered by chance, that delivery with the forceps, in such cases, is much facilitated by bringing the occiput forward.

As, however, it is difficult to determine what may be the result of a labor with the head in an occipito-posterior position, I contend that, in accordance with the indications of nature, *the change ought to be uniformly made* by the hand, or one blade of the forceps, except when the head is very small, and the pelvis large. By this simple treatment a protracted labor, with more or less unnecessary suffering to the mother, will be prevented, a resort to the forceps will be superseded, and the life of the infant secured.

And here it may be remarked that, as nature does not act from caprice, and as the rotation of the occiput from the spine of the ischium forward to the foramen ovale is, as Naëgelé has shown, *the rule and not the exception*, it is reasonable to conclude that there must be some peculiarity in the anatomical structure of the female pelvis, designed by nature's Great Architect to effect the change of position, so as to produce the most favorable results. And this I have good reason to believe is the fact, as I shall now proceed to show.

The oblique diameters of the female pelvis at the brim, are respectively five inches. And the diameter, measured from the brim at the left acetabulum to the spine of the right ischium, two, or two and a half inches below the brim, at the right sacro-iliac synchondrosis, is also five

inches. But the diameter, measured from the left sacro-iliac synchondrosis, at the brim, to the right foramen ovale, two or two and a half inches below the brim, is five inches and a half in a small pelvis, and five and three quarters of an inch, in a large pelvis.

Now, in a labor with the head in the right occipito-posterior position, the vertex sinks into the cavity of the pelvis until the sub-occipital space is at the spine of the right ischium and the forehead is pressing upon the brim at the left acetabulum. And while the head is in that position, the sub-occipito-frontal diameter will be in relation with a pelvic diameter of only five inches. But, as the plane of the ischium is inclined forward and downward, the occiput, as the labor progresses, must have a natural tendency to glide toward the right foramen ovale, *because there the sub-occipito-frontal diameter will be in relation with a pelvic diameter of five and a half or five and three-fourths inches.* Similar measurements, made from the right extremities of the oblique diameters of the female pelvis, will give the same results.

Reports of Hospitals.

BELLEVUE HOSPITAL.

SERVICE OF DR. I. E. TAYLOR.

(Reported by HENRY M. LYMAN, M.D., House Surgeon.)

RUPTURE OF THE UTERUS.

MARY S—, a married woman, twenty-five years of age, a native of Ireland, pregnant for the third time, was confined July 1, 1861. Her first child was still-born; her second pregnancy, three years ago, resulted in the birth of twins, both of which died shortly after delivery. These previous labors had been short and easy; the patient was unable to state whether they had occurred at full term; and in the present case she could not fix the date of the cessation of her menses.

The pains of labor commenced at one o'clock in the morning. Three hours later the os had become dilated to its fullest extent, the bag of waters protruding far into the vagina. The foetal heart was inaudible. The membranes were ruptured at this moment, and the funis immediately made its appearance at the vulva. It was pale, flabby, and pulseless. The head of the child seemed to be tightly wedged in the superior strait of the pelvis; the occiput being in contact with the symphysis pubis, while the anterior fontanelle could be felt opposite the first piece of the sacrum. The funis was compressed against the pubes of the mother and could not be released from this position, although all the usual methods for effecting its reduction were attempted. The pains were strong and regular; yet, for three hours, the head of the child remained absolutely immovable. At 8 A.M. the occiput began to rotate slowly towards the right acetabulum. At 10 A.M. the patient was seen by Dr. Taylor. The head was at this time so much swelled and changed in form by the overlapping of the bones, that it was with considerable difficulty that the occiput could be recognised in the position which it had assumed opposite the right acetabulum. The pains were now frequent, and so violent that the patient became black in the face during each paroxysm. The head advanced slowly till five minutes past eleven o'clock P.M., when the terrific efforts of the patient were suddenly suspended, and she immediately complained of a severe cutting pain in the right iliac fossa. Dr. Taylor again saw the patient at one o'clock P.M. when the head had so far receded that it could only be reached by the introduction of the whole hand into the vagina. At half-past twelve, nearly a pint of blood had made its escape, with a sudden gush, from the vulva. At half-past one, the patient was examined by several of the medical gentlemen in attendance at the hospital, one of whom was of the opinion that he had discovered a solution of continuity in or near the

neck of the uterus. Dr. Taylor now proceeded to effect delivery by version. The patient was brought partially under the influence of chloroform, and the right hand was introduced into the uterus. The head was found lying transversely above the brim of the pelvis, with occiput directed towards the right side of the mother. Proceeding a little further, the left foot of the child was encountered, and was at once drawn down into the vagina. Then making gradual traction, assisted by the expulsive efforts of the abdominal muscles, the breech and body of the child were delivered with a spiral movement that brought the nape of the neck and the occiput under the arch of the pubes. The anterior shoulder was delivered before the appearance of the posterior shoulder. Failing, after a delay of several minutes, to obtain any additional assistance from the abdominal muscles, a finger was introduced into the mouth of the child, and the head was immediately born. After waiting more than half an hour for the delivery of the placenta, the hand was again introduced into the vagina, but the cord did not guide the fingers into the cavity of the uterus. Through a wide rent, which seemed to occupy the upper and anterior portion of the wall of the vagina, near its reflexion upon the uterus, the hand passed without effort into the peritoneal cavity, where the placenta was lying among the intestines in the right iliac fossa. The organ and its accompanying membranes were removed without difficulty. The uterus was, at this time, firmly contracted, scarcely admitting the fore-finger into its cavity. The patient was then covered up in bed and placed under the influence of morphine. Her skin was cool, tongue clean, pulse 64, full.

July 2, 1 A.M.—Pulse rapid and small; patient began to suffer great pain. The administration of morphine was continued, and hot fomentations were applied to the abdomen. Nine A.M., skin blue and cool; pulse thready and rapid. The suffering was extreme, and the patient soon became delirious; the extremities grew cold; the bowels were evacuated without her knowledge; her breathing was hurried and laborious; and thus she continued, in spite of every effort for her relief, till 1 P.M., when death put an end to her agony.

Autopsy, twenty-four hours after Death.—Rigor mortis well marked. The capillaries of the skin very much congested. The cranium and the thorax were not opened. The peritoneal cavity contained between one and two pints of bloody serum. The peritoneum was everywhere intensely congested. The uterus was contracted to the size of the head of the fetus at full term. The *os internum* was firmly contracted, like the mouth of a bag that has been tied with a string. The canal of the cervix was dilated so as to form with the vagina a continuous passage from the *os internum* to the vulva, only interrupted at the position of the *os externum* by a thin fold of mucous membrane which encircled the canal, very much like one of the *valvulae conniventes* of the small intestines. Through the right anterior wall of this immensely dilated cervix, three lines below the *os internum*, was a transverse rent, at least three inches long. The surfaces of the uterine cavity, and of the canal of the cervix, were smeared with bloody mucus. On removing the soft parts from the pelvis, the symphysis pubis was observed to be remarkably prominent posteriorly, forming a boss that considerably narrowed the antero-posterior diameter of the superior strait. The following measurements were made upon the bony pelvis:

| SUPERIOR STRAIT. | | | |
|---|-------------|-----------|--|
| Antero-posterior diameter | | 3½ inches | |
| Left-oblique | " | 4½ " | |
| Right-oblique | " | 4½ " | |
| Transverse | " | 5½ " | |
| INFERIOR STRAIT.† | | | |
| Ant.-post. diam. (the coccyx being pushed back) | | 4½ " | |
| Between the tubera ischii | | 4½ " | |
| Between the ischiatic spines | | 3½ " | |

The antero-posterior diameter, from the centre of the posterior surface of the symphysis pubis to the centre of the anterior surface of the third piece of the sacrum, was 4½ inches. The child was well formed, and weighed seven pounds and six ounces.

A CASE OF PREGNANCY ASSOCIATED WITH OVARIAN DROPSY.

Catharine R—, æt. 36, married, a native of Ireland, the mother of five children, last menstruated in September, 1860. She was admitted to the hospital at 3 P.M., June 27, 1861, having then been in labor for three days. The abdomen was immensely distended by an accumulation of fluid, which appeared to occupy the cavity of the peritoneum. The history of the patient, however, indicated ovarian dropsy. The tumor commenced its growth four years previously, since which time she had been delivered of a living child, and had been tapped twice at intervals of fourteen or fifteen months.

On admission, the patient appeared very much exhausted. The pains, however, were regular and moderate, and the *os* was nearly dilated. The head of the child presented in the first position. At 6 o'clock P.M. the *os* was fully dilated, the membranes were ruptured, and an unusual quantity of amniotic fluid made its escape. The pains continued at regular intervals, but were too feeble to advance the child. At 10 P.M. she took ten drops of Magendie's solution of morphia, and soon fell asleep. At midnight she awoke, the pains were renewed, and at the end of forty minutes the child was born. The contractions appeared to be wholly confined to the uterus; the abdominal muscles took no part in the expulsive effort. There was no hemorrhage, nor any other unfavorable circumstance. After the delivery of the child, which was a boy, weighing six pounds and twelve ounces, the size of the abdomen seemed to be in no way diminished, but the flanks and the hypogastrium were, for the first time, resonant on percussion, indicating that the accumulation of fluid was confined to the cavity of an ovarian cyst. The patient immediately fell asleep, and awoke much refreshed in the morning. She improved rapidly in her general condition, and on the 11th of July the cyst was tapped. A canula was introduced into the tumor, midway between the umbilicus and the pubes, and ten quarts of thin chocolate-colored fluid were withdrawn. The patient maintained a recumbent posture during the operation, and experienced no pain nor discomfort. After the contents of the cyst had made their escape, a broad bandage was placed around the abdomen, and twelve drops of Magendie's solution of morphia were administered. The patient complained of slight pain and uneasiness during the ensuing twenty-four hours, but at the end of this time these sensations subsided, and she felt no further inconvenience, recovering rapidly, and nursing her child as if nothing had happened.

A CASE OF SOFTENING OF THE BRAIN.

SERVICE OF DR. A. B. MOTT.

(Reported by HENRY M. LYMAN, M.D., House Surgeon.)

Cerebral Softening.—Apoplexy.—Concussion.—Compression.—Death.—Autopsy.—Philip F., æt. 25, single, intemperate, a stage-driver, was brought to the hospital Aug. 1, 1861. For several months he had appeared to be sluggish in his movements, and much disposed to sleep. During the past winter he had suffered with rheumatic pains in his limbs and back. On the 1st of August, he fell from a coach which he had been driving, and struck his head upon the pavement of the street. He was taken up in a state of unconsciousness, and was brought to the hospital. On admission, the body presented no marks of injury. There was a slight tumefaction of the integuments of the scalp over the right temple, but there was no evidence of fracture or depression of the skull. The respiration was natural, the pulse slow and soft, the skin was cool, the pupils were contracted, there had been vomiting. The patient was placed in bed, and bottles of hot water were applied to the feet. Aug. 2d.—The skin and pulse were natural, the pupils were

unequal, the right side was incapable of motion, but on pinching the skin of that side responsive twitches were excited upon the left side. During the three following days the patient was treated with croton oil, iodide of potassium, and counter-irritants, with considerable improvement of the muscular power of the left side. The right side, however, continued completely paralysed, and on the 6th of August the insensibility of the patient became merged in coma. The frequency of the pulse began to increase rapidly, and continued to increase until the evening of the 7th of Aug., when it had reached one hundred and fifty-eight beats in a minute. It soon became so rapid and feeble as to defy enumeration, and at nine o'clock P.M., Aug. 7th, death occurred.

Autopsy, thirty-six hours after death.—Weather cool and damp. The surface of the body presented no unusual appearance, except a slight abrasion of the right ear, and of the right side, above the crest of the ilium. No wound or appearance of injury was detected upon the scalp, with the exception of a slight tumefaction above the right temple.

On opening the cavity of the cranium a small quantity of blood, partly fluid and partly clotted, escaped from a cavity in the substance of the middle lobe of the left hemisphere of the brain, at a point immediately over the left ear. The investing membranes of the brain were generally healthy, but there was considerable congestion of the vessels of the pia mater, and the dura mater lining the middle fossa of the base of the skull upon the left side, was thinner than the corresponding portion upon the right side. The substance of the right hemisphere was everywhere healthy, as also the superior portion of the left hemisphere. The amount of fluid in the ventricles was normal. The middle lobe of the left hemisphere was softened and broken down throughout its whole extent, from the outer wall of the left lateral ventricle to the surface of the brain, laterally, and from the transverse diameter passing through the posterior cornu of the ventricle to a similar diameter passing through the anterior portion of the corpus striatum. The superficial portion of the diseased mass was filled with clots of blood of a dark color, and apparently of recent formation. The softened and broken down tissues were of pale red color near the clots, shading off into a faint yellowish hue as the limits of the diseased portion were approached.

Upon the right side of the skull, between the dura mater and the inner table of the bones, was a small clot of blood occupying the anterior portion of the middle fossa of the base of the skull. There was also a fissure extending from a point a little above the anterior inferior angle of the right parietal bone, through that angle and across the anterior portion of the great wing of the sphenoid bone till it terminated in the sphenoid fissure. Some of the branches of the meningeal arteries seemed to have been ruptured by the violence which occasioned this fissure.

The arteries at the base of the brain (the carotid and the basilar) were atheromatous.

Thorax.—The lungs were healthy. The right pleurae were bound together by old adhesions. There were a few old adhesions between the pleural surfaces posteriorly on the left side. The heart was fatty; weight, 12½ oz. A small atheromatous patch was observed in the arch of the aorta.

The liver was fatty, weight, 4 lbs. 5 oz.

The kidneys were fatty and darkly congested. Weight of the right kidney, 3 oz., of the left kidney, 3½ oz. No other abnormal appearances were observed.

Microscopical examination revealed the existence of pus in a cavity within the pituitary body. The softened portion of the brain appeared to consist of broken down nerve fibres, granular cells, and granular matter, blood corpuscles, and exudation cells.

American Medical Times.

SATURDAY, AUGUST 31, 1861.

A SUSPENSE OF FAITH.

A distinguished leader of a religious sect characterized by its disregard of the teachings of the past, its rejection of all forms, creeds, ceremonies, and tangible incitements to devotion, and for its purely spiritual worship, recently startled the world by the announcement that a new Church was required to meet the religious wants of mankind. From his own stand-point it was evident to him that there was "a suspense of faith" among Christians; a prevalent dissatisfaction with those theological refinements which exalted the spiritual at the expense of the material; a certain anxious looking for the revelation of a new mode of worship. Regarding man as a finite being, having senses through which he is to gain a knowledge of the external world, and in all his pursuits dealing with substance and not shadow, with material forms and not essences, he very rationally concludes that to meet the religious exigencies of at least his own denomination, they should return to those forms of worship which in the highest degree stimulated to devotion by an appeal to the senses. Accordingly he recommended the establishment of a Church with temples of the most imposing architecture, with altars smoking with burning incense, with music the most solemn, and ceremonials the most impressive. This theological philosopher, though advocating the most absolute changes in his own sect, reasoned from true premises, and came to logical, rational conclusions. Man has a spiritual and material existence so intimately blended, and mutually so dependent, that the one contributes constantly to the aid of the other in their normal and healthy action. His religious being cannot long subsist on the vagaries of the imagination, or the airy nothings of a speculative theology.

Medicine, like theology, has its transcendental worshippers. Rejecting the methods of investigation by which every other science is advanced, they adopt a dogma at once irrational and insusceptible of explanation, and upon this build up a theory purely imaginary. Whatever does not square with this dogma is to be rejected, though its practical value may have been proved. The acquired knowledge of the profession, however exact and true, is accounted as nothing, unless in harmony with this absurd principle. The history of medicine, in all that relates to its material interest, is obliterated, and a new era commenced. They thus discard alike the accumulated experience of the past, the discoveries of the present, and the aids by which nature and art are made to subserve the interests of science. To them pathology reveals no useful facts in the history of disease, and the microscope and organic chemistry are cast aside as useless methods of investigation. Withdrawing from the profane and vulgar touch of material objects, they seek to advance their knowledge of human maladies by studying the influence of intangible entities upon a diseased imagination. Causes are entirely lost sight of, in their anxiety to discover agents producing like results; symptoms are ascribed to the

potency of the ultimate particle of inert substances; and the physiological termination of diseases is attributed to the elimination of a mythical cause by fabulous remedies.

It is not strange that an inquiring mind should at length sicken of such irrational pursuits, and turn from that pseudo-science which has only a retrograde movement, to that true science which daily unfolds new and hidden treasures to its votaries. It is only marvellous that an educated person could long occupy himself with studies so trivial, and investigations so unscientific and deceptive. We can only account for it, knavery aside, by the fact that medicine, in many respects, gives the greatest latitude for self-deception. But he who is firmly established in correct principles, and has the support of a sound judgment, can maintain his integrity while studying its most obscure chapters. We have ever been confident that educated persons adopting a system so destitute of merit, would finally become weary of its hollow pretensions, its inability to progress, and the unsatisfying nature of its studies.

There have long been striking evidences of a "suspense of faith" among the practitioners of this school. Discontent pervades its ranks, exhibiting itself in a universal tendency to abandon the intangible, imponderable, and imperceptible in remedies—the dogma dear to the heart of its founder. Silently many have returned to their old faith, while the majority have sadly back-slidden, and indulged clandestinely in the sin of employing old curative measures. The leaders have endeavored to meet this exigency, not by affectionate appeals to duty or stern reprimands for delinquencies, but by devising means of concealing from public recognition the real defection of their followers. Ingenious methods of disguising full doses of every important remedy, seemed for a time to answer their purpose; but there was a limit even to this device. Aloes and assafoetida could thus be administered in large doses without detection; but by what means could blisters, leeches, and the lancet, so long, so loudly, and so persistently denounced, be used, without utterly destroying the fabric which had been raised with so much labor and art! Even this point seemed to have been attained. A diligent inquirer set to work to determine upon what principles these three remedies acted, when, to the astonishment of himself and friends, he discovered that blisters and leeches acted purely according to the dogma of their school, and therefore were to be boldly employed. He also further ventured the assertion, that venesection would doubtless be found to act upon the same principle, if its action was thoroughly investigated, when the lancet would also be recognised as a legitimate resort in acute diseases. Here was a total abandonment of everything but the name, which has long passed for nothing. But even these concessions and compromises, it now appears, will not answer the exigencies of that school. The flimsy subterfuges which it raises will not long suffice to cover its nakedness. The larger body of its members require a new faith, and that faith will be RATIONAL, SCIENTIFIC MEDICINE.

Medicine, like theology, has always had its isms, which have, in various ways, and by multiplied deceptive charms, and insidious influences, enticed its members from its ranks. But these vagaries have proved unsatisfactory, and after a brief, but often brilliant existence, have been abandoned and forgotten. Indeed, the history of medicine presents a continued series of popular theories, which have for the time engrossed the attention, and then fallen into contempt. No age, however enlightened, can claim exemption from

the prevalence of medical heresies, and experience seems to teach that, the higher the state of civilization, the more liability is there that absurd medical doctrines will be engendered. But humiliating as is this aspect of our profession, we may console ourselves with the reflection that medicine also, like theology, has always had its true Church, to which the footsteps of every honest seeker after truth finally tend, however far he may have wandered from the paths of rectitude.

THE WEEK.

THE importance of establishing large permanent military hospitals in the North, upon the coast where they shall be easy of access by sea, is very evident, and we are glad to see the Sanitary Commission have already anticipated the want. In a recent report on the hospitals in and around Washington, by Drs. VAN BUREN and AGNEW, we find this subject thus alluded to:—

"In view of the inevitable accumulation of chronic cases of disease in the general hospitals near the seat of war in large numbers, and of the great advantages that would be secured to many of them by change to a Northern climate with sea air, and for many other equally important considerations, your Committee would suggest that the recommendation already made by the Commission as to the establishment of a general military hospital in the harbor of New York, be again urged upon the attention of the War Department."

That there is to be a large number of chronic cases which would be greatly benefited by this change alone, there can be no doubt. The transport would be easy by sea, as vessels returning from the seat of war are generally in ballast. We hope to see the suggestions of the Commission acted upon promptly, as typhus is already prevalent in the overcrowded hospitals at Washington.

It is gratifying to notice the importance that our literary colleges are beginning to attach to physical education and personal hygiene. Amherst led the way by establishing a Chair for instruction in gymnastics, and Harvard is urging the appointment of a Professor of Hygiene. Says the President of that institution in his report for 1859-60:

"It is much to be desired that, in connexion with this subject, a Professorship of Hygiene should be established. The services of a skillful and experienced physician, who shall act as the friend and adviser of the students, are greatly needed. Brought together from their homes, at a critical age, without the oversight of parents or family physicians, many, no doubt, fall into habits injurious to health, without being conscious of the dangers they are incurring; many are careless of precautions which are forced upon them at home; some are drawn into temptations with regard to eating, drinking, and smoking, which they need to be warned against. The College rules of order in some measure help to protect the students from these dangers; but a good physician in the department of hygiene, who, as professor, should give them instruction, by lectures or otherwise, at the commencement of the College course, and to whom they might resort in all cases of illness, whose advice they should have the right to ask confidentially on all matters relating to health, and who should exercise a controlling direction whenever a student appeared to suffer from bad habits, ignorance, or neglect, would be the best possible safeguard. The importance of such a professorship can hardly be exaggerated."

A New York Correspondent of the *London Med. Times and Gaz.*, thus gives his first impressions of Yankeedom:—

"Among other things, the way of eating here is posi-

tively painful. The Americans bolt their food, hot and cold, chowder, oyster-soup, roast and boiled meat, pastry, molasses, gélée, etc., *pele-mele*, without stopping to masticate or to speak, and no doubt this habit is in a great measure the cause of the enormous amount of indigestion which prevails in this country. This is, of course, greatly increased by the preposterous quantities of medicine taken. No trade flourishes so well in America as that of charlatans; one scarcely meets with an American whose pockets are not filled with pills, powders, mixtures, life elixirs, and universal panaceas, etc., prepared and advertised by quacks. These fellows make the largest fortunes, and live in the most magnificent style in this country. Opium, mercury, arsenic, and strong purgatives are the most common medicines. These and the tobacco-chewing which pervades all classes of society, are most detrimental to health, and have contributed greatly towards deteriorating the race. Those born in this country are sickly, slender, thin-legged, unhealthy, and lax-fibred; they are unable to do heavy work, which is almost exclusively performed by negroes, Irishmen, and Germans. The women are certainly pretty, but their beauty is of a delicate and somewhat of a languishing character; most of them being pale, nervous, and hysterical."

The question of consultation with homœopaths is being discussed by the London journals, and the prominent surgeons are brought to account for their delinquencies. We last week quoted Mr. FERGUSON'S defence; we now give Mr. BRODIE'S note in reply to insinuations of consulting with these irregulars:—

"I feel confident that our Profession generally will do me the justice to believe that I would not, either directly or indirectly, do anything that would in any way sanction a system so absurd and nonsensical as I know the so-called Homœopathy to be.

"Having been in the habit of seeing, especially at my own house, many patients attended by Practitioners of whom I had no knowledge, I cannot say that I may not by accident have occasionally seen some one attended by a Homœopathist; but I have never knowingly done so; and I do not think that any well educated Medical Practitioner can honestly meet one of these Homœopathists in consultation. The only object of a consultation is to do good to the patient; and it is out of the question to suppose that any interchange of idea with one in whose professed opinions we have not the smallest faith, and whose notions, indeed, we cannot comprehend, can tend to this result."

Reviews.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK, for the year 1861. Albany, 1861, pp. 408.

(Continued from page 125.)

THE First Report on *Medical Education*, by Professor HOWARD TOWNSEND, of Albany, containing suggestions which we hope to see finally acted upon by our Medical Colleges, viz. a preliminary examination of the students as to their general educational qualifications; a longer and more thorough course at the medical schools; a final examination by an independent Examining Board. In our opinion this is a concise statement of the present demands of the profession.

The Second Report is on *Controlling the Use of Adulterated and Inefficient Medicines*, by Dr. E. R. SQUIBB, of Brooklyn. The remedy proposed is, that every practitioner devote sufficient attention to the tests of drugs, to make himself an inspector, and then patronize only those druggists who deal in pure articles. One test of impure drugs is their cheapness, and this test every physician can apply.

The Third Report is from the Delegation to the Convention for revising the Pharmacopœia, consisting of Dr. EDWARD R. SQUIBB, of Brooklyn, and Professors HOWARD TOWNSEND, of Albany, and CALIB GREEN, of Homer. The Committee issued blank circulars of inquiry, as to the changes advisable in the pharmacopœia, to fifty-nine county medical societies of the State, from which they received ten returns. The Committee report briefly the action of the Convention.

The Fourth Report *On Medical Topography and Systematic Drainage*, by Dr. ELISHA HARRIS, is one of the most elaborate papers in the volume. This report is valuable as laying the foundations for the permanent establishment of a Contract Board, having for its duties the surveillance of the sanitary interest of the State. It is shown that the different districts of the State are capable of drainage, to an extent which would materially improve the health of towns. But such great enterprises will not be undertaken and properly executed except under the direction and supervision of the Government. The State Government owes it to the people to institute such measures as will promote the public health. This labor it must accomplish through an enlightened Sanitary Board, as is done with such great success in Great Britain. The appendix to the report contains several letters, by gentlemen, relating to the subjects of inquiry in different sections of the State. Dr. COATES, of Batavia, gives an interesting topographical sketch of Genesee co., and portions of Wyoming and Orleans. Dr. J. G. ORTON, of Binghamton, one of the committee, furnishes the vital statistics of the southern tier of counties, and gives the course of inquiry which he is pursuing, and from which we may anticipate hereafter valuable results. Dr. MOULTON, of New Rochelle, contributes some facts in regard to the endemic diseases of that part of Westchester. The last communication is from the pen of Lieut. VIEL, of New York, and possesses unusual interest from the fact that its author is not only a distinguished topographical engineer, but is an intelligent student of sanitary science. His observations are limited to New York and Long Island, but his remarks are applicable to the State at large. The facts which he communicates in regard to drainage are of the utmost importance, and should awaken every resident of this city to the irremediable necessity of reform in our local improvements.

The last Report is *On Medical and Surgical Statistics*, by Dr. J. G. ORTON, of Binghamton. The indefatigable chairman pursues the important objects of his commission with a zeal which we would gladly see others imitate. He has undertaken a most important work, and we trust the profession of the State will respond heartily and unanimously to his appeals for aid. No one should fail to return the blank reports furnished and properly filled. The remainder of the volume is occupied with biographies of deceased members and subjects more immediately relating to the Society.

COMMUNICATIONS OF THE RHODE ISLAND MEDICAL SOCIETY, for the Year 1861. Published by the Society. Providence: 1861.

THE fiftieth annual meeting of the Rhode Island Medical Society was held on the 14th of June, and has, therefore, attained to the honor of a semi-centennial anniversary. We allude to this fact with great pleasure, for it recalls long years of devotion on the part of the profession of that State to the cultivation of legitimate medicine, and to the maintenance of its social and scientific rank. State and County Medical Societies should be fostered by every means in our power, for it is through them principally, that the profession is united, strengthened, and elevated. We trust that this society is now but in its infancy, and that its good work in behalf of American Medicine is but just begun.

The first paper in the Communications is the address at the Semi-Annual Meeting, by H. G. STICKNEY, M.D., of Providence, on the *Relations of the Young Physician to the Profession and Public*. In this address the author

points out some of the difficulties which the young physician has to encounter, and indicates the remedy; he urges him to educate the community in which he locates in the laws of disease and health, and not to despair of ultimate success. The second paper is a *Letter on some Points of Military Surgery*, communicated by the venerable Dr. PARSONS to Prof. HAMILTON, and which has been published by the latter in his work on military surgery. The next paper is on the *Carbonate of Potassa in Phagedenic Ulceration*, by W. OWEN BROWN, M.D., of Providence. Dr. BROWN reports several cases in which he used this article as a local application, with the happiest effects. We have frequently used it in similar cases with the best results. He also adds to his paper two cases of scrofulous ophthalmia greatly benefited by the application of tincture of iodine to the lids. A *Case of Tubercle of the Lungs, resulting in Pneumo-thorax and Death*, is reported at length by THOS. K. NEWHALL, M.D., of North Scituate; it is a type of that class of affection. The last communication is a *Case of Interrupted and Renewed Lactation*, by J. H. ELDRIDGE, M.D., of East Greenwich. The patient, while nursing, was attacked with dysentery, and discontinued nursing for six weeks, after which she resumed it, and the return of milk was ample.

The communications close with an *Address on the Epizooty, lately prevalent among Swine*, by EDWIN M. SNOW, M.D., of Providence, with the results of post mortem examinations, by G. L. COLLINS, M.D., of Providence. This highly interesting paper has been published in a separate form, and we shall take another occasion to notice it more at length.

THE PHYSICIAN'S POCKET, DOSE, AND HAND-BOOK; containing the Doses and Uses of all the principal Articles of the Materia Medica, etc. etc. By JOSEPH H. WYTHES, A.M., M.D. Third Edition. Philadelphia: Lindsay & Blakiston, 1861, pp. 244.

This little volume is a useful hand-book to those who may have occasion to improve their memories in regard to the preparation of remedies.

THE HALF-YEARLY ABSTRACT OF THE MEDICAL SCIENCES. Edited by W. H. RANKING, M.D., and C. B. RADCLIFFE, M.D. Vol. XXXIII. January—June, 1861. London: Churchill, 1861, pp. 360.

This semi-annual publication is issued simultaneously with Braithwaite's *Retrospect*. It embraces, however, a much wider range of periodicals, and reflects more accurately current medical literature. The present number is one of the most valuable of the series.

Progress of Medical Science.

ABSTRACTS FROM RECENT MEDICAL PERIODICALS.

By E. H. JANES, M.D.

IMPAIRMENTS OF VISION CAUSED BY LACTATION.

This is the title of an article in the *Lond. Med. Rev.*, by George Lawson, Surgeon, etc. The author says that it is so common for some defect of vision to occur during the time that the mother is nursing her child, that few women who have borne many children have entirely escaped some of the slighter forms of this ailment, which may vary in intensity from a mere feeling of temporary giddiness to a state of incurable amaurosis. It may, in feeble women, manifest itself soon after confinement, while in the more robust it may not occur until many months after. He describes two distinct forms of the disease, in one of which the eye is directly affected, with sufficient manifestation of morbid

action to account for all the impairment of vision of which the patient complains. In the other the defect appears to be central or cerebral, the appearance of the eye being nearly normal. In the first form the patient complains of her eye being bloodshot, of a feeling of giddiness, and of some intolerance of light. There is an inability to read long, as the lines become misty and the words run together; the eye looks inflamed, irritable, and watery, presenting very much the appearance of one from which a foreign body had been lately removed. It has a generally pinky appearance, and the ciliary veins are rather large, showing internal congestion. If the case be severe, the redness and impairment of vision increase until she is scarcely able to read large type; pupils sluggish, contracted, pulse quick and small, and other symptoms of exhaustion. The case is passive choroidal congestion dependent on anæmia, and on an exhausted condition of the nervous system produced by suckling. In the second form there is in the early stage in the superficial appearance of the eye, beyond the pallor of the conjunctiva corresponding with the anæmic look of the patient. Giddiness, lassitude, muscular debility, plainly indicate the drain produced by lactation. Impairment of vision increases, if the case is neglected, until complete amaurosis is the result.

The treatment consists in at first removing the cause, and such general tonic and sustaining treatment as each individual case may require. If there be choroidal congestion with photophobia, strong light should be excluded, cold applications employed, and the bowels kept open by some mild alterative. If the congestion extend to the iris, and a chronic choroido-iritis is produced, mercurials are undoubtedly indicated; but in all cases quinine and iron with nourishing diet seem to afford the greatest relief. Suckling of course must be absolutely forbidden. Several cases are reported.

A *New Salt of Iron and Quinine*.—Dr. Fergus, in a letter to the *London Med. Times and Gazette*, introduces a new combination of iron and quinine which he has used with very satisfactory results. He says, perhaps, without exception, the sulphate is the most practically useful of all the salts of iron, owing to the uniformity of its composition; and of the quinine salts, the sulphate is most available for general purposes. It is not difficult to form a simple combination of these two sulphates; but the resulting compound is not well fitted for general use. The addition, however, of a certain proportion of sulphate of magnesia enables us to obtain a salt which is nearly as soluble as the sulphate of magnesia itself—quite unalterable in the solid state, and forming a solution, perfectly clear at first, and remaining so for an indefinite period. The proportion of the three sulphates adopted is 80 per cent. of sulphate of magnesia, 15 per cent. of sulphate of iron, and 5 per cent. of sulphate of quinine, 1 scruple containing 16, 3, and 1 grains of the respective salts. The proportion of quinine may be increased by prescribing an additional quantity, which is readily soluble in a solution of the salt. One peculiarity is especially deserving of notice, namely, that in this combination the assisting or adjuvant property of both iron and quinine are remarkably developed; the effect of both, particularly quinine, being heightened in a very marked manner. At the same time, both the remedies are less apt to disagree with peculiar constitutions which ordinarily refuse to tolerate either iron or quinine. If the heightened power be borne in mind in prescribing this combination, there will be very few cases found in which it will not be suitable whenever either iron or quinine is indicated.

HEREDITARINESS OF EPILEPSY.—M. Petit, Physician of the Asylum of the *Loire Inférieure*, from his own observations and the examination of the statistics of other writers, comes to the conclusion that epilepsy is quite exceptionally hereditary, and when such transmission does take place, it seems to do so more frequently on the side of the mother than that of the father.—*Moniteur des Sciences Méd.*, No. 26.

Correspondence.

HINTS FROM EUROPE.—THE ARMY SURGEONS.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—I have read the abstract of a report on Military Surgery, in your valuable Journal of July 20, signed by Dr. Post and Dr. Van Buren. I think nothing could be better. All the suggestions are wonderfully in accordance with the latest deductions of surgery as seen in the Crimea, at Solferino, etc., as now well understood, after much trouble, by our best London surgeons at present. As to the result of primary amputations at the hip-joint, the committee is right, but I think they will find that this amputation succeeds as a secondary operation very well, if the patient is removed away from the field of battle for a month and well fed. As to chloroform, they will find it invaluable; it lessens the shrieks and cries of those operated on, and thus lessens the fright and depressing emotion of such evils on those whose turn comes next to be operated on. A piece of a shell, four pounds' weight, has been extracted from the muscles of the thigh, and amputation at once performed under chloroform, and perfect recovery of the soldier; this and such like cases would be impossible without chloroform: it is an excellent plan to use chloroform in the open air: half a glass of brandy, or a cup of coffee, given previously, steadies the action of the heart. The only cases where caution is required, is where delirium is present this should be lessened first by a dose of morphia. It is well established now in Europe, that death by chloroform begins by a sort of spasm or stoppage of the action of the respiratory muscles; these should be watched. The first dangerous symptom in the administration of chloroform, is a protrusion of the eyeballs, and a state of the patient as if in a trance, or state of religious ecstasy; the respiratory muscles are stopped, the heart still beating vigorously. If this state be neglected, the respiration having stopped, the right side of the breast becomes engorged, and subsequently the heart stops, by distension of its cavities: tracheotomy, as in the Crimea, done on the instant, has saved such a patient, but usually, if danger seem impending, fanning cold air on the face, and removing the patient more into the open air, succeeds.

Tetanus is a disease in which chloroform will prove of immense utility, joined to strong broths and jelly; if the patient lives over twenty days, so as to allow the torn nerve to heal, he will probably recover: dividing the nerve between the wound and next ganglion is also beneficial. In lock-jaw, the hypodermic use of conia would probably prove very valuable: after Waterloo, the most fatal and frequent complication of the cases was by tetanus, again at Solferino, but it was nearly unknown in the Crimea, so that it is difficult to lay down any prophylaxis, or to say what gives rise to it; probably exposure of soldiers, when wounded, to the night air on the field, is one of the commonest causes. Erysipelas is well treated by wine and quinine. Pyæmia by aconite. Hospital gangrene (like strawberries and cream) by nitric acid locally. Phagedæna by opium and fermenting poultices. The recent fight at Bull Run has engendered a feeling of great sorrow and sympathy for your surgeons, and at this side of the Atlantic, in Ireland and England, we can only offer them hints such as these are. Yours, a constant reader,

CHARLES KIDD, M.D.

LONDON, August 12, 1861.

[We learn from Dr. Kidd that he visited the hospitals of Paris in the revolution of 1847-8, and assisted Roux, Velpeau, etc., in treating sixteen hundred gunshot wounds, ten thousand of the insurgents having been killed, as described in the *Medical Times and Gazette* of that year; that he has, since 1850, edited the "Mirror" of Hospital Reports

of the *Lancet*, and has almost lived in the London Hospitals; that he has seen in all over ten thousand applications of chloroform by inhalation, so that he does not offer these hints without some reason. His approval of the report of Dr. Post and Dr. Van Buren is of the strongest kind; and he states that it quite astonished surgeons for its ability and information. In the Crimea, he concludes, chloroform was forbidden by the English authorities, till he, Dr. Kidd, and others cried out against such barbarity, and appealed personally to Mr. Syme to use his influence with some Scotchmen in office.—[ED. MED. TIMES.]

MEDICAL GRADUATES UNDER TIME.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—Two of your correspondents have alluded to the graduation of medical students at New York schools after two years', or less, study. They both, evidently, refer to the same school, and that is one of the oldest and most respectable in your city. No one can be in doubt as to the school charged with this delinquency, and the profession would be gratified to know what apology can be rendered for such gross neglect of duty; for it is certainly its duty, according to its own regulations, to inquire strictly into the qualifications of its candidates for graduation.

But I do not myself believe that the school referred to is alone in this matter; many (I fear all) of the schools throughout the country are equally negligent of the time which their candidates have studied. They are all possessed with that pernicious idea, that the prosperity of a school is judged by the number of its graduates. It were well if by any means this belief could be eradicated from the minds of our medical teachers. I see but one way in which this can be accomplished, and that is, by making our medical institutions State property, giving professors a fixed salary, and having an independent Examining Board as in this State.

Yours, etc.,

MICH.

Aug. 27, 1861.

ALLEGED OBJECTIONS TO AMPUTATION AT THE ANKLE-JOINT.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—In looking over the Transactions of the Medical Society of the State of New York, kindly sent to me by a friend, I was surprised to find the following objections raised against the operation known as "Syme's amputation at the ankle-joint," by Dr. Bly, of Rochester:—

"Since the artificial leg has been brought to such perfection, there are reasons which weigh heavily against this operation. The ankle-joint in the artificial leg should correspond with the one of the natural leg, but cannot in this case, on account of the length of the tibia and fibula. To get a good fit with an artificial limb, the stump should be conical, or at least it should not be larger at the end than it is higher up, as it renders a portion of the interior of the artificial too large, if made large enough to allow the bulbous extremity to pass through. Or if the leg is made to bear up, even then the ankle is necessarily large and clumsy.

"It has been supposed that by this operation the patient would be enabled to take the most if not all his weight upon the end of the stump, but the few cases which I have seen do not sustain the supposition. I have not seen one that could support the whole weight on the end of the stump, though some of them could sustain some, not enough, however, to counterbalance the difference in the substitutes, while some cannot bear any more than those who are amputated higher up. Therefore, when amputation becomes necessary which would sever the flexors of the foot, it should be performed a sufficient distance above the ankle-joint, to admit of an artificial substitute with an ankle-joint of the most perfect construction now attained.

"The junction of the middle and lower third of the tibia

is the lowest point at which amputation of the leg can be performed, and give sufficient room for the construction of a good, substantial, and graceful artificial limb with an ankle-joint of the most recent improvement. It also gives a stump of as much length as is of any service to the patient; therefore, the junction of the middle and lower third of the tibia should be the *first point of election*, whenever the flexors of the foot cannot be saved."

Dr. Bly is a practical artificial leg-maker of reputation, and his opinion is entitled to the most serious consideration. Having had some experience in this operation, and the adaptation of artificial limbs to the stump, I shall venture to question the correctness of the opinions above put forth. In the first place, amputation at the ankle-joint is much safer than that through the leg, the former being rarely, if ever, fatal. The inability of the patient to sustain his weight on the stump is not true in my experience; on the contrary, I have seen a patient bear his weight on this stump on the fifteenth day after the operation. I have never heard a patient even complain of tenderness of the stump after resuming active business. One person, a peddler, stated that he often walked eight or ten miles per day without any inconvenience, having merely a coarse shoe fitted to the stump.

The question which Dr. Bly raises, as to the difficulty or impossibility of adapting a serviceable artificial limb to the stump, it is not my province to discuss; but I may say, that I have seen a case fitted by Palmer & Co. so perfectly, that the more recent friends of the patient did not know, after a year's acquaintance, that he had an artificial limb. I believe, therefore, that this objection is as groundless as the former.

Yours, &c.,
J. C.

Aug. 17, 1861.

SUSTAINING THE PERINEUM.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—In the MEDICAL TIMES of Aug. 17, Dr. E. M. HUNT lays down the following proposition:—"Pressure prevents tearing or fissure" of the perineum during labor. I am not prepared to deny this statement, but it is contrary to my belief and practice. Let me ask Dr. HUNT, how pressure on the perineum can prevent fissure?

Yours, &c., E. C. HOLTON, M.D.

Aug. 26, 1861.

RENUNCIATION OF HOMOEOPATHY.

[We are requested to publish the following declaration, with the explanation, that the gentlemen whose names are attached have all been until recently homoeopathic practitioners in this city.—ED. MED. TIMES.]

NEW YORK CITY, 1st July, 1861.

WE, the Undersigned, believing that the true vocation of the medical profession consists in preserving life and health by any and every means offered, and believing furthermore, that the facilities for such end are limited by allegiance to any form of medical sectism:

Therefore do herein declare ourselves henceforth absolved from any and all medical sects, reserving to ourselves the legitimate title of Physicians and Surgeons.

With this declaration we also take occasion to express our reverence and firm adherence to those time-honored ethics of our profession which render secure the confidence and welfare of the patient, and exact honest and honorable intercourse between its members.

ED. P. FOWLER, M.D., 84 East 15th St.

WM. FAULKNER BROWNE, M.D., 58 East 16th St.

W. O. McDONALD, M.D., 1st Reg. U. S. Chasseurs.

DOMESTIC CORRESPONDENCE.

PHILADELPHIA.

WAR and its attendant alarms affect the medical equally with other professions. The universal cry among

the brethren shows the difficulty they experience in obtaining their well earned fees. Is it to be wondered at that a general stampede has occurred, and that in every direction, the young and old are volunteering, or going with the regular army? When the first call came for our troops, not only were the medical posts in each regiment eagerly sought for and quickly filled, but many, including students who could not hope to obtain a medical recognition, shouldered the musket, and fell into the ranks as privates. Our medical schools will present a beggarly array of empty benches, if we may judge from present indications. I learn that some of the professors are calculating the probability of their being compelled to decline lecturing at all.

A-propos of schools, I see you have not yet heard of our *éméute*. The "faculty of the Pennsylvania school is being reorganized," so says one of your contemporaries, which means literally that said faculty have resigned *en masse*. There is a vast deal of unwritten history connected with that school, which would be decidedly refreshing if spread before the medical world, and which, perhaps, may one day be unfolded by your correspondents.

Judging by the size of their class last winter, and by the number of physicians who were attracted to the lectures, particularly the vivisections by the Professor of Physiology, a brilliant future was predicted by the friends of the institution. At present it will scarcely be possible to survive this last blow, as the work of finding a new faculty, and one willing to hazard so much as will be necessary this winter, and at least for some two or three years to come, is one of no ordinary magnitude. Thus has fallen another prop of the medical capital. Will the others survive the shocks which are shaking the Union to its foundations, and fast sweeping away its ancient landmarks? One fact forces itself upon us, that medical teaching in the large cities has culminated, and is fast descending in the Western horizon.

In more than one of our hospitals, etc., resignations have been received from their physicians who have gone to the field of battle, thus creating vacancies which have long been hoped for by outsiders. It is presumed, therefore, that these positions will speedily be filled, and we understand that in some instances it may be necessary to consider at some length the claims of the various candidates.

It would seem that *quackery*, or *irregularity*, as it is more elegantly termed, has been recently revived, and appears now to possess an amount of vitality not dreamed of by the profession. Thus it has been seriously proposed to introduce homoeopathy into one of our prominent hospitals, on account of its *cheapness*, and also that those who prefer it may be thus treated. But of this, more anon.

Again, we find the brethren studiously seeking every opportunity to emblazon their deeds on high, and happy the man who may have a friend at court in the shape of a reporter. Those who prefer to avoid even the appearance of advertising were astounded by the report in a daily paper of an operation by "the skilful surgeon ———," a man who has occupied a prominent position before the medical public. Can we then exclaim at others, younger in the profession, with everything to gain, who may unwittingly offend by a modest announcement that they "attend the families of volunteers gratis;" or that a physician to one of our dispensaries should come out with a circular, which he profusely scattered through a certain district, thanking his patients for their patronage, and asking a continuance, &c.? By the way, Mr. Editor, I think I shall send you a copy for publication, as he was kind enough to send them to certain physicians and apothecaries, as well as every one else in his neighborhood.

The new building of the Episcopal Hospital is fast approaching its completion, and will add another and important member to the list of these institutions. Much credit is due to all connected with it, but more especially to the members of its medical board, who have worked untiringly in the perfection of their object. As I do not wish to fall into an error against which I have just been declaim-

ing, and as I know the modesty of these gentlemen, I will not mention names.

Hoping to have another paper talk soon, I remain,
Yours, &c. A. M. LEON, M.D.

August 27.

FOREIGN CORRESPONDENCE.

[Letter from DAVID P. SMITH, M.D.]

LONDON.

May 2.—To-day, at the University College hospital, I saw Dr. Walshe. He is evidently a most painstaking observer of nature. Two practical observations that he made are worth recording: showing a case of hemiplegia which he judged to proceed from capillary apoplexy, he remarked, that the entire flaccidity of the limbs did not positively point out the absence of softening, for he had recently had a case in the hospital, characterized by no contraction, where after death extensive softening was proved to exist. A very curious case of chorea affecting mainly the respiratory muscles showed by its treatment and his remarks that he considers it almost a self-limited disease.

May 3.—To-day I had the pleasure of listening to a very interesting lecture upon scarlatina from Dr. Jenner. He combated the prevalent notion that a plentiful eruption rendered the disease more manageable, and maintained there was no ratio between the amount of disease and the rash. For the throat affection he advised the application of the solid nitrate of silver, having found it in solution of no avail. When there was ulceration of the fauces, and, consequent upon that, enlargement of the lymphatic glands, he had found the solid nitrate, rubbed freely all over the throat, of the most signal advantage. In bad cases he considered patients could often be saved by very constant and assiduous syringing out of the throat with antiseptic solutions. For the secondary fever which sometimes follows scarlatina he had found quinine the most successful remedy.

Among other surgical cases in this hospital, we were shown one where the operation of the late eminent Prof. T. D. Mutter for relief of contraction from burns situated upon the throat had been tried, with this difference: the interposed flap of skin, instead of being taken from the healthy arm, was, very curiously, taken from the breast, although it had suffered severely from the burn. Sloughing had occurred, and in this British bungling with a beautiful and successful transatlantic operation the "rent was made worse." A case of chronic cystitis was shown, where a blister over the os pubis had done no good. A case of excision of part of the tarsal bones was shown me, and also a case of excision of the wrist. They were of course doing well, and had been doing well for a year or two. It is a rather remarkable circumstance that every instance of excision of these small joints that I have seen has been doing remarkably well, but showing no signs of getting well. It would be well perhaps if the scripture injunction in regard to offending members was sometimes carried into effect in these cases.

May 6.—This noon I witnessed an interesting case under care of Prof. Erichsen. The patient had just been admitted, and, when the professor came to him in his round and asked him what was the matter, said he passed water too freely. This of course meant too often, and, on further examination, he was found to have much tumefaction in the perineum, great oedema of the scrotum and prepuce, while his bladder rose to within two inches of the umbilicus. It being impossible to find the orifice of the urethra, a director was passed under the swollen prepuce up to its reflexion upon the glans, and a free division made by a curved sharp-pointed bistoury. The glans being thus uncovered a catheter was attempted to be introduced, but, after passing through a stricture near the meatus, it met an obstacle in the perineum. The patient was then placed in the attitude for lithotomy, a free incision made in the mesial line from which pus in large quantity spirted forth, and also smaller incisions made in the scrotum, from which serum oozed out plentifully. The finger placed in the mesial incision failed

to guide the catheter into the bladder, although strenuous, and it seemed to me, after having witnessed the gentleness and adroitness of Civiale, very severe attempts were made. Next, the catheter being introduced as far as possible, an incision was made upon it, and the urethra fairly cut into, as evidenced by the copious discharge of urine and rapid subsidence of abdominal tumefaction. Even now, after prolonged trial, Prof. Erichsen totally failed to introduce a catheter into the bladder, either through the penis or through the perineal section. However, the urine had now a free exit, and the man was left in a comfortable state.

Army Medical Intelligence.

BRIGADE SURGEONS.—The following is the official list of Brigade Surgeons appointed under the new law, after examination by the Medical Board. The date of appointment is August 3d, with all but the last five:—George H. Lyman, Massachusetts; F. H. Hamilton, New York; Henry S. Hewitt, New York; J. H. Brinton, Pennsylvania; John A. Liddell, New York; John C. Dalton, Jr., New York; George Suckley, New York; Henry Bryant, Massachusetts; P. W. Ellsworth, Connecticut; Luther V. Bell, Massachusetts; S. W. Gross, Pennsylvania; David Prince, Illinois; A. H. Hoff, New York; W. H. Church, New York; Joseph W. Freer, Illinois; Rufus H. Gilbert, New York; J. E. Quilor, New Jersey; Charles McMillan, New York; Charles O'Leary, Ohio; J. G. F. Holston, District of Columbia; A. R. Campbell, Pennsylvania; J. V. Z. Blaney, Illinois; Thomas Sim, Illinois; J. S. Bobbs, Indiana; Peter Pineo, Massachusetts; William E. Waters, District of Columbia; O. Martin, Massachusetts; J. H. Bancroft, Illinois; William B. Stuart, Indiana; N. R. Derby, Pennsylvania; Daniel McRuer, Maine; S. R. Haven, Illinois; A. E. Stocker, Pennsylvania; J. Owen, Pennsylvania; W. C. Thompson, Indiana; James King, Pennsylvania; T. Rush Spencer, New York; J. D. Robinson, Ohio; William Clendenin, Ohio; George G. Shumard, Ohio.—Total, 40.

MEDICAL DIRECTORS.—The following appointments have been made:—Surgeon Charles S. Tripler, Medical Director of the Military Department under Maj.-Gen. McClellan; Surgeon J. M. Cuyler, Medical Director of the Military Department under Gen. Anderson; Surgeon S. G. J. DeCamp, Medical Director of the Military Department under Maj.-Gen. Fremont.

Assist.-Surgeon W. K. Scofield, U.S.N., has been detailed for duty on the U. S. Receiving Ship Ohio, at Boston, Mass., in place of Assist.-Surgeon A. S. Oberly, who has been transferred to the U. S. Frigate Sabine.

DEPARTMENT OF EASTERN VIRGINIA, Aug. 16, 1861.

We, the undersigned, medical officers of the volunteer forces in and about Fort Monroe, having noticed in the American Medical Times, of Aug. 10, an article under the signature of Gilman Kimball, stating that there prevails at this post a *marked prejudice* against the service of Volunteer Surgeons, deem it our duty to correct as far as we can the erroneous impression thereby conveyed.

It gives us pleasure to say that our official intercourse with the Medical Director and his associates has always been characterized by a kind, prompt, and efficient discharge of their duties, and our private relations have been of the most agreeable character. We have yet to learn that there exists towards us any other than a feeling of cordial professional fellowship.

We regret to add that the management of the General Hospital at this post, under Dr. Kimball, has not been such as to inspire us with confidence.

(Signed.)

J. L. Hicks, Surgeon, 1st Reg. N. Y. Vols.
John Howe, Assist. Surgeon, 1st Reg. N. Y. Vols.
Reed B. Bontecou, Surgeon, 2d Reg. N. Y. Vols.
Le Roy McLean, Assist. Surg., 2d Reg. N. Y. Vols.
A. M. F. Eisenlord, Surg., 7th Reg. N. Y. Vols.
J. Jaekh, Assist. Surg., 7th Reg. N. Y. Vols.
G. H. Humphreys, Surg., 9th Reg. N. Y. Vols.
J. W. Hunt, Surg., 10th Reg. N. Y. Vols.
F. W. Doolittle, Assist. Surg., 10th Reg. N. Y. Vols.
Alex. H. Hoff, Surg., 3d Reg. N. Y. Vols.
Jul. Hausen, Surg., 20th Reg. N. Y. S. Vols.
Charles Heiland, Assist. Surg., 20th Reg. N. Y. S. Vols.
Johnson Clark, Act. Surg., Mass. Battalion.
John C. Bogardus, Surgeon, Union Coast Guard.
John J. Van Rensselaer, Assist. Surg., 3d Reg. N. Y. S. Vols.
Rufus H. Gilbert, Surgeon, 5th Reg. N. Y. S. Vols.,
Advance Guard Zouaves.
B. Ellis Martin, Assist. Surg., 5th Reg. N. Y. S. Vols.

STATISTICS OF SICKNESS AT FORTRESS MONROE.

FORTRESS MONROE, Va., Aug. 14, 1861.

[Army Correspondence of the American Medical Times.]

THE following figures are taken from the reports for the month of July, of the Surgeons of this post, which includes all the regiments remaining in and near the fortress, and also those at Newport News.

There were reported, July 31, 6847 enlisted men, and 343 officers. There have been, including the 518 cases remaining on the sick lists, on the 1st of July, 4210 under medical treatment during the month; 93 of these were sent to the General Hospital; 3361 were returned to duty, 13 were on furlough, 206 were discharged from service, and 5 have died. There remained on the sick lists 318 convalescents, and 212 still under treatment.

There were 20 cases of congestive fever; 10 of continued; 89 of intermittent; 11 of remittent; and 27 of typhoid. There were 2 cases of erysipelas; 24 of rubeola; 1 of varioloid; 18 of cholera morbus; 69 of colic; 211 of constipation; 1209 of acute diarrhoea; 23 of acute dysentery; 1 of enteritis; 5 of gastritis; 2 of acute hepatitis; 6 of parotitis; 24 of tonsillitis; 95 of acute bronchitis; 51 of catarrh; 5 of hæmoptysis; 8 of laryngitis; 7 of phthisis pulmonalis; 3 of pleuritis; 8 of pneumonia; 3 of pericarditis; 10 of sunstroke; 149 of acute rheumatism; 63 of chronic rheumatism; 49 of gonorrhoea; 3 of nephritis; 9 of orchitis; 26 of syphilitic bubo; 15 of syphilis primary; 26 of syphilis consecutive; 53 of phlegmon; 162 of wounds; 77 of contusions; 2 of fractures; 34 of ophthalmia; 3 of otitis; 5 of otorrhoea.

The remaining cases were mostly unimportant and miscellaneous in character.

Of the deaths 3 were from gun-shot wounds; 1 from typhoid fever; and 1 from phthisis pulmonalis.

At present the tendency to diarrhoea and dysentery seems to be abating somewhat among the troops, while fevers seem to be increasing. I am told by those who have lived a length of time in this climate, that it is unusual for bowel troubles to be of importance after the middle of August or 1st of September, while it is the season for fevers.

The medical department at this post, so far as the intercourse of the regimental Surgeons with each other and with the Medical Director and his assistants is concerned, has been of a nature the most amicable and gentlemanly. I do not believe there is a Surgeon of the volunteers in this Division of the army, who will not remember with pleasure his intercourse, both professional and social, with Dr. Cuyler.

Relative to the General Hospital, I am happy to say that there are but few patients therein.

JOHN W. HUNT,
Surgeon 10th Reg. N. Y. Vol.

RESULTS OF VACCINATION OF THE 37TH REG. N. Y. VOL.—STATISTICS OF DISEASES.

BELLEVUE, ALEXANDRIA, VA. Aug. 20, 1861.

[Army Correspondence of the American Medical Times.]

A COPY of the following report was sent to the Surgeon-General of the State of New York, and another to the Surgeon-General, U. S. A., some time ago, as soon after the vaccination as the results could be ascertained. I then laid aside a copy for the *Times* also, but, owing to the confusion inseparable from the hasty movements of a marching regiment, this was mislaid. I now take the first opportunity of submitting it to you.

WM. O'MEAGHER, Assist. Surgeon,
37th Regiment N. Y. V.

July 16, 1861.

TO THE SURGEON GENERAL.

SIR:—In obedience to General Orders, No. 4, I hereby submit a report of the 37th Reg. N. Y. V., and a special report on its general sanitary condition:

Vaccination—Total number vaccinated, 625.

Number not previously vaccinated, 125; number previously vaccinated, 403; number previously inoculated, 33; number of those who had had small-pox, 64. Total number, 625.

Out of the whole number, vaccination succeeded in 157 cases, of which 11 had been previously inoculated, 3 had had small-pox, and 111 had not been protected in any manner. The ages of those in whom vaccination was successful ranged from 19 to 35. The virus was abundant, and perfectly satisfactory, having been furnished by Dr. Loines, Resident Physician of the Eastern Dispensary, New York.*

Special Report.—The sanitary condition of the regiment has been good, with slight exceptions. The encampment at 95th street, New York, I regard as subject to miasmatic influences, as demonstrated by several cases of miasmatic fever. We had, at that place, many cases of rubeola, brought thither by a company detailed to us from the interior of the State. I consider the Battery encampment as unfavorable to a good sanitary condition, for the following reasons: The enlargement was made by dumping street garbage, manure, etc., which are now undergoing slow decomposition, and emitting offensive and injurious exhalations; added to which is the aggravated nuisance of dead animals and offal deposited on the shore by the tide. These combined causes would be most prolific in generating cholera, did an epidemic tendency exist. A special evil of the latter place is the facility for drunkenness, and the opportunity for contracting venereal diseases.

Our present encampment at the foot of East Capitol street, Washington, is situated on the extreme limits of the city, on high ground adjacent to the Eastern branch of the Potomac—the Anacostia—which is on one side margined by a wide marsh. Drinking water is obtained from a spring of a decidedly ferruginous character, which at first produced diarrhoea. The nights are cold, and the dews heavy, inducing a peculiar sense of damp-chilliness. The rains have been heavy and frequent, inducing rheumatism, catarrh, etc. The prevalent diseases have been: diarrhoea, from which we have all suffered more or less, cholera morbus, a few cases of simple dysentery; but all the diseases were more or less influenced by the surrounding miasma, requiring, in almost every case, the addition of quinine to the other appropriate remedies. The casualties have been, so far, few in number.

There have been no deaths from any cause. Our medical supplies from the U. S. Purveyor, and from the N. Y. Medical Association, were liberal and good.

Respectfully yours,

J. McNULTY, M.D., Surgeon.

Monthly Report of the Sick and Wounded of the 37th Reg. N. Y. V., for July 1861.

Stations, WASHINGTON, D. C., and ALEXANDRIA, VA.

Diseases.—Febris, 8; febris intermittens quotidiana, 8; febris remittens, 1; cholera morbus, 16; colica, 1; constipatio, 10; diarrhoea acuta, 159; dysenteria acuta, 6; dyspepsia, 2; hepatitis acuta, 2; tonsillitis, 6; bronchitis acuta, 3; catarrhus, 15; phthisis pulmonalis, 1; pleuritis, 3; varicella, 1; varix, 1; epilepsia, 1; ictus solis, 1; neuralgia, 2; alia similia, 1; bubo syphiliticus, 2; gonorrhoea, 6; ischuria et dysuria, 1; orchitis, 1; syphilis primitiva, 2; syphilis consecutiva, 3; hydrocele, 1; rheumatismus acutus, 12; abscessus, 1; paronychia, 2; alia similia, 2; ambustio, 1; contusio, 3; fractura, 2; hernia, 1; subluxatio, 7; vulnus incisum, 3; vulnus contusum vel laceratum, 7; vulnus punctum, 1; vulnus scloptarium, 4; cataracta, 1; ophthalmia, 7; otitis, 5; bubo simplex, 1; debilitas, 55; ebrietas, 2; hæmorrhoid, 1; morbi cutis, 5; odontalgia, 3; tumors, 1. Total, 391. Regimental number, 800.

J. McNULTY, M.D., Surgeon.

* The vaccination was done while the regiment was encamped at the Battery, New York, June 24, and up to the present (Aug. 20) not a single case of small-pox has made its appearance.

DEATH.

Died suddenly of convulsions, at Staten Island, on his birthday, August 19th, aged two years, WILLIAM HENEY, youngest son of Dr. JOHN, and MARY C. BURKE, of this city.

PUBLICATIONS RECEIVED.

Transactions of the State Medical Society of Indiana. 1861.
Third Annual Announcement of the Medical Department of Lind University, at Chicago, Ill. 1861-62.
Annual Commencement of the Pennsylvania College of Dental Surgery. 1861-62.
The Physician's Visiting List, Diary, &c., for 1862. Philadelphia: Lindsay & Blakiston.
Annual Reports of the President and Treasurer of Harvard College, 1859-60. Cambridge, 1861.
Tenth Annual Meeting of the Illinois State Medical Society. 1860.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK,

From the 19th day of August to the 26th day of August, 1861.

Abstract of the Official Report.

Deaths.—Men, 88; women, 73; boys, 182; girls, 179—total, 522. Adults, 161; children, 361; males, 270; females, 252; colored, 6. Infants under two years of age, 256. Children reported of native parents, 12; foreign, 238.

Among the causes of death we notice:—Apoplexy, 4; Infantile convulsions, 33; croup, 7; diphtheria, 5; scarlet fever, 7; typhus and typhoid fevers, 6; cholera infantum, 33; cholera morbus, 3; consumption, 67; small-pox, 4; dropsy of head, 18; infantile marasmus, 66; diarrhoea and dysentery, 33; inflammation of brain, 17; of bowels, 8; of lungs, 13; bronchitis, 4; congestion of brain, 4; of lungs, 3; erysipelas, 3; whooping cough, 3; measles, 10. 294 deaths occurred from acute disease, and 34 from violent causes. 391 were native, and 131 foreign; of whom 77 came from Ireland; 12 died in the Immigrant Institution, and 74 in the City Charities; of whom 15 were in the Bellevue Hospital. Eighty-five of the poor were interred by the city charity in the "Pottersfield."

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

| Aug. | Barometer. | | Temperature. | | | Difference of dry and wet bulb, Therm. | | Wind. | Mean amount of cloud. | Rain. |
|------|--------------|--------------|--------------|------|------|--|------|------------|-----------------------|-------|
| | Mean height. | Daily range. | Mean. | Min. | Max. | Mean. | Max. | | | |
| 1861 | In. | In. | ° | ° | ° | ° | ° | | | |
| 17th | 30.13 | .04 | 64 | 57 | 72 | 5 | 8 | NE. to SE. | 8 | .1 |
| 18th | 30.11 | .03 | 68 | 60 | 78 | 7½ | 11 | " | 6 | |
| 19th | 30.10 | .10 | 70 | 65 | 77 | 8 | 11 | " | 6 | |
| 20th | 30.17 | .11 | 72 | 68 | 76 | 10 | 16 | " | 8 | |
| 21st | 30.27 | .11 | 69 | 65 | 73 | 10 | 15 | " | 1 | |
| 22d | 29.94 | .40 | 75 | 68 | 81 | 4 | 6 | S. | 10 | .87 |
| 23d | 29.94 | .10 | 71 | 67 | 76 | 11 | 17 | N.W. | 04 | |

REMARKS.—17th, Light rain A.M. 18th, Cloudy P.M. 19th, Wind fresh mid-day; sky obscured P.M. 20th, Strong wind all day. 21st, Wind fresh during the day. 22d, Rain at 7 A.M., with lightning; rain P.M. 23d, Rain early A.M.

New York Medical College and Charity Hospital, No. 90 East Thirtieth Street, near Fourth Avenue. Fall Announcement Session 1861.

The Fall Course of Lectures in this institution will commence on Monday, September 16th, and continue until the middle of October, when the regular term will begin. The Course will be *gratis* to students who intend taking a full winter course in this College, and will be as follows:

On Amputations, by.....Prof. Carnochan.
" Gunshot Wounds.....Prof. Raphael.
" The Anatomy of the female pelvis and fetal head.....Prof. C. A. Budd.
" Infantile Fevers.....Prof. Jacobi.
" The diagnosis of Uterine Diseases.....Prof. Noeggerath.
" The use of the Ophthalmoscope.....Prof. Holcomb.

Clinical instruction forms a prominent feature in this school, and is conducted as follows:

Mondays—Surgical.....Prof. Raphael.
Tuesdays—Diseases of Children.....Prof. Jacobi.
Wednesdays—Diseases of Women.....Profs. Noeggerath and C. A. Budd.
Thursdays—Surgical.....Prof. Carnochan.
Fridays—Diseases of Children.....Prof. Jacobi.
Saturdays—Medical.....Prof. C. A. Budd.

Due notice will be given of the Commencement of the Winter Course. For further information, apply to

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plete and in good order, of PROF. DANA'S GEOLOGY OF THE U. S. EXPLORING EXPEDITION. 4to. and folio ALIAS.
Any gentleman having a copy to dispose of, will please state lowest cash price to

BAILLIERE BROTHERS, 440 BROADWAY, N. Y.

Medical Corps of the Navy.—A board

of Naval Surgeons is now in session at the Naval Hospital, Brooklyn, to examine candidates wishing to enter the Navy as Assistant Surgeons.

Fifty-one vacancies were made by a recent Act of Congress increasing the corps. Medical gentlemen wishing to enter the Navy, should apply to the Secretary of the Navy, stating age (not to exceed 25 years), place of birth, and residence, accompanying their request with testimonials of moral character.

SURGEON-GENERAL'S OFFICE, Aug. 9, 1861.

The following Act of Congress in

relation to the Corps of the Medical Cadets is published for the information of all concerned:

"SEC. 7. And be it further enacted, That there be added to the Medical Staff of the Army, a Corps of Medical Cadets, whose duty it shall be to act as dressers in the general hospitals and as ambulance attendants in the field, under the direction and control of the medical officers alone. They shall have the same rank and pay as the military cadets at West Point. Their number shall be regulated by the exigencies of service, at no time to exceed fifty. It shall be composed of young men of liberal education, students of medicine, between the ages of eighteen and twenty-three, who have been reading medicine for two years and have attended at least one course of lectures in a medical college. They shall enlist for one year, and be subject to the rules and articles of war. On the fifteenth day of the last month of their service the near approach of their discharge shall be reported to the Surgeon-General, in order, if desired, that they may be relieved by another detail of applicants."

Application must be made to the Surgeon General for admission into the corps, in conformity with the above act, stating the date and place of birth, place of residence, period of medical studies, and enclosing the certificate of the dean of the college (or, when not obtainable, other satisfactory evidence of the fact) that the applicant has attended one full course in a medical college.

Those applications must also be accompanied with testimonials of the good moral character and sound physical condition of the candidate.

When an application is favorably considered, the candidate will receive a letter authorizing him to appear before an Army Board of Medical Examiners, who will make a special report in each case. From among those approved by the Board the Surgeon General will select such a number as the service may require.

As the services of this class of medical and surgical assistants are at once required, applications, to be successful, should be promptly made to the Surgeon General, who will direct the candidate to appear before one of the Army Medical Boards now in session in Washington and the City of New York.

R. C. WOOD, Acting Surgeon-General.

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nounce to the Medical Profession that he has established an Agency for the transaction of business with medical men. He will purchase or sell any articles required by Country Physicians, as Books, Instruments, Vaccine Matter, etc., etc., and transmit them expeditiously, at the following rates: 10 per cent on the purchasing price, if under \$5.00, and 5 per cent, on all sums over. He will promptly furnish as reliable information as can be obtained in regard to Schools, Colleges, Instruments, Books, etc., etc., for the sum of 25 cents for each article or item required. He is also prepared to negotiate, on the most favorable terms, the sales of Country Practices, obtain Partners or Assistants, collect accounts, or transact any business relating to the Profession. Terms subject to negotiation.

No additional charge will be made except for advertising, when required for the more advantageous transaction of the business in hand.

References—Editors American Medical Times; Jno. E. White, Esq., Warden of Bellevue Hospital, N. Y.; Prof. B. Stillman, Jr., New Haven. Office hours from 12 to 1.

Address J. P. RICHARDSON,
Care Baillière Brothers, 440 Broadway, New York.

Sent Free by Mail on Receipt of Price.

Meteorology, from the Encyclopædia

Britannica, by Sir J. F. W. Herschel. 12mo. Edinburgh, 1861 \$1.60.
BAILLIERE BROTHERS, 440 Broadway, N. Y.

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do Lactate of Iron.
do Iron reduced by Hydrogen.
do Official Chalk without odor.
do Dragées of Lactate of Iron.
do Ferruginous of Nancy for Rusty Water.
do Lozenges of Citrate of Iron.
do do of Lactate of Iron.
do Saccharine of Citrate of Iron for Rusty Water.
do Syrup of Citrate of Iron.
do Syrup of Iodide of Iron.
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do Syrup of Codeine.
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BLANCARD—Pills of Iodide of Iron.
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